

BATH AREA FAMILY YMCA MEMBERSHIP APPLICATION



Membership Type: _____ Date ____/____/____
 First Name: _____ Last Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Birth Date: ____/____/____ Home Phone: _____ Work/cell: _____
 Email: _____

(email address is only used for communications from the Y)

List other family members living in household to be included in membership

	FIRST	MI	LAST	D.O.B.	RELATIONSHIP	SEX
#1	_____	_____	_____	____/____/____	_____	_____
#2	_____	_____	_____	____/____/____	_____	_____
#3	_____	_____	_____	____/____/____	_____	_____
#4	_____	_____	_____	____/____/____	_____	_____
#5	_____	_____	_____	____/____/____	_____	_____

Emergency contact: _____ Relationship _____ Phone: _____

Draft payment by:

Credit or Debit Card

Name of Card Holder _____ Phone: _____

Card Holder Mailing Address: Street/PO Box _____ City _____ ST _____ ZIP _____

____ Visa ____ MC ____ Discover Credit Card Number: _____ Expiration Date: ____/____

Draft Amount: \$ _____ Date of Draft: ____ 15th or ____ 26th Bank Depositor/Card Holder: _____

Signature

CHECKING OR SAVINGS

I, _____ hereby give authority to _____
 Name of Bank Customer Name of Bank

to honor preauthorized checks drawn by the Bath Area Family YMCA on my account for membership payments. I understand that the Bath Y will send a preauthorized check to your bank. That preauthorized check will serve as notice and receipt for payment of membership.

*We must have proof of your account in order to process your membership debit. **Please attach a voided check or a photocopy of a check.**

Savings Accounts: please bring this form to your financial institution and have them complete the information below.

Savings Routing number: _____ Account Number: _____

Bank Draft Amount: \$ _____ Date of Draft: ____ 15th or ____ 26th Bank Depositor: _____

Signature

YMCA-Bank and YMCA Credit Card /Debit Card Membership Payment Agreement

1. Y-bank is a continuing membership plan. I understand that this membership will remain in effect for as long as I retain the membership card issued to me.
2. It is to my complete understanding that if I wish to cancel or change my membership in any way, **I must give the YMCA a 30-day written notice prior to my draft date.** It will be my responsibility to notify the YMCA of any changes to my account. (i.e. new account numbers, new credit or debit card numbers and expiration dates)
3. The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive at least four weeks notice prior to any such change.
4. Should any membership draft not be honored by my bank/credit card company for any reason. I realize that I am still responsible for that payment plus a service charge of \$15 applied by the YMCA. This is in addition to any service fee my bank/credit card company may charge. The rejected membership payment and service charge will be automatically resubmitted to your bank/credit card company. If there is a second rejection, you will be required to pay the membership payment and fees with an alternate form of payment.

I hereby authorize the Bath Area Family YMCA to draft the account indicated on the date indicated on a monthly basis until the end of the membership term (see #2 above)

Signature _____

FOR OFFICE USE ONLY	
Member# _____	Staff Initials _____

**Bath Area Family YMCA
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERTION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDESIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence or releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER and INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Maine and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE AND AGREE TO IT FOR MYSELF I AGREE TO THIS RELEASE FOR MY CHILDREN WHO ARE MINORS

____/____/____
Date Member's Signature

____/____/____
Date Member's Signature

By signing below, I acknowledge that I am a member of the Bath Area Family YMCA and, as such, am supportive of its mission and its purpose. I understand that membership is non-refundable after 30 days from membership application date. I also understand that any member listed or my guests who fail to follow the established YMCA policies can be cause for the YMCA to terminate my membership privileges without refund. I also give my permission for any person listed on the membership application to receive proper medical treatment, unless otherwise noted in writing.

Signature: _____ Staff: _____

YMCA Annual Campaign Giving Opportunity

For over 150 years the Bath Area Family YMCA has provided healthy activities and programs for community members of all ages. Our Annual Campaign, which provides scholarship assistance to as many as 600 people of all ages annually, depends on donations to sustain it and help it grow. We ask you to consider making a tax deductible investment in our community's future.

Monthly Draft Amount (ongoing unless you notify us to stop): \$ _____ (from account above) One Time Donation: \$ _____

Signature: _____

Thank you for your support!

Welcome to our YMCA Family!

In an effort to make your YMCA experience the best it can possibly be, we will assign you to the most appropriate YMCA Director, based on your main area of interest, from the list below:

____ Aquatics ____ Cardiovascular Fitness (Fitness Center) ____ Gymnastics

Other (please be specific as possible): _____

Photo Waiver

I give permission for the Bath Area Family YMCA to use, display, publish, etc. photos in print and video footage of all members included on this membership participating in YMCA programs or activities. No names will be used.

Signature of 1 adult member: _____

I Decline permission for photo use _____