



# YMCA of Iredell County

## Membership Application

List responsible payee 1<sup>st</sup>

Date: \_\_\_\_\_ Branch: \_\_\_\_\_ Membership Card # \_\_\_\_\_

Membership Type: CIRCLE: Teen Young Adult Adult Adult w/ Dep Household Senior Silver Sneaker

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_ Gender: M F

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Apt # \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Ethnicity: (Please circle one) African American Native American Alaskan Native Asian/Pacific Islander Caucasian  
Hispanic Prefer not to answer Other

**How did you hear about the YMCA? (Please circle one)**

Radio Television Billboard Drive By/live in area Former member  
YMCA website Direct Mail E-mail Yellow Pages Newspaper  
Medical Referral Friend/Family Other Website Facebook Member (Name) \_\_\_\_\_  
Insurance Magazine Place of Employment Other social media

Office Use: Member Referral Date: \_\_\_\_\_  
Applied Date : \_\_\_\_\_ Staff Initial \_\_\_\_\_

**Second Adult** Membership Card # \_\_\_\_\_

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: M F Ethnicity: (Please circle one) African American Native American Alaskan Native Asian/Pacific Islander  
Caucasian Hispanic Prefer not to answer Other

**Other Adults or Dependents (under 23) Adult \_\_\_ Dependent \_\_\_** Membership Card # \_\_\_\_\_

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: M F Ethnicity: (Please circle one) African American Native American Alaskan Native Asian/Pacific Islander  
Caucasian Hispanic Prefer not to answer Other

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First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: M F Ethnicity: (Please circle one) African American Native American Alaskan Native Asian/Pacific Islander  
Caucasian Hispanic Prefer not to answer Other

**Other Adults or Dependents (under 23) Adult \_\_\_ Dependent \_\_\_** Membership Card # \_\_\_\_\_

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: M F Ethnicity: (Please circle one) African American Native American Alaskan Native Asian/Pacific Islander  
Caucasian Hispanic Prefer not to answer Other

**Payment Authorization**

**Payment:** Bank Draft   Credit Card Draft   Invoice-1 year   Invoice-6 months

**Draft Date:** 1<sup>st</sup>   15<sup>th</sup>   **Monthly Draft Amount:** \_\_\_\_\_

CHOOSE ONE DRAFT METHOD BELOW and PROVIDE FINANCIAL INFORMATION

**BANK DRAFT:** I authorize the YMCA to draft from my:   **Checking**   **Savings**

**Bank Name:** \_\_\_\_\_

**Name on Account:** \_\_\_\_\_

**Routing Transit Number:** \_\_\_\_\_   **Account Number:** *(Last 4 digits only)* \_\_\_\_\_

**CREDIT/DEBIT CARD:** I authorize the YMCA to draft from my:   **Visa**   **Master Card**   **Discover**   **American Express**

**Credit Card Number:** *(Last 4 digits only)* \_\_\_\_\_   **Exp.** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Member Agreement**

1. I understand that this is an on-going membership payment plan.
2. I understand that this payment plan is agreed upon regardless of my facility usage and that the YMCA does not prorate dues based on facility usage.
3. I understand that it is my responsibility to provide the YMCA with current up-to-date bank or credit card information throughout the term of my membership.
4. I understand that if I wish to terminate or change membership in any way, I may do so by giving the YMCA a **15-day written notice** with completion of the Membership Cancellation or Change Form. **I understand that this means I may have one final draft after the date I have signed this form.**
5. Should any membership deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus any applicable service charge assessed by the YMCA.
6. I understand that the YMCA is using a third party to assist in the collection of returned checks and bank drafts. If my check or bank draft is returned for any reason, my account will be debited electronically for the amount of the check and/or draft plus a processing fee.
7. **I understand that the YMCA has 30 days to process my NSF draft.**
8. I understand that the YMCA may, at their discretion, cancel my membership based on draft declines and that I am responsible for the past due balance.
9. I understand that the YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my membership category and that they will give at least 30 days notice of any rate changes.
10. I understand that any YMCA membership may be terminated for the violation of the YMCA Code of Conduct, the Sex Offender policy, violation of policies and procedures of the YMCA, or any other cause.

This authorization remains in effect until the YMCA has received a 15-day written notification with completion of the Membership Cancellation Form from me indicating my desire to discontinue my membership.

**Member Signature:** \_\_\_\_\_   **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Office Use Only:**

Branch # \_\_\_\_\_ Membership Type: \_\_\_\_\_ Join Date: \_\_\_\_\_ Billing: Draft   1 yr   6mo

**Prorated Dues/Joining Fee Information:** Pay Method: MC   VISA   Discover   Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

Prorated Dues \$ \_\_\_\_\_ Open Doors % \_\_\_\_\_ Join Fee Amount: \$ \_\_\_\_\_ Locker Fees: \$ \_\_\_\_\_

Join Fee Discount: Corp. Name \_\_\_\_\_ Campaign \_\_\_\_\_   **I Dependent Fees:** \_\_\_\_\_

Total Paid: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Staff Initials: \_\_\_\_\_

**RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Iredell County (hereafter "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 represents that he or she has, or immediately upon entering or participating will inspect and carefully 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 acknowledgment 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. The YMCA prohibits membership by persons required to register in the North Carolina Sex Offender and Public Protection Registry. All still and video photography taken by YMCA staff or agents for the expressed purpose of marketing the YMCA, its programs, or membership is property of the YMCA. IN FURTHER CONSIDERATION 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 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 UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of 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 North Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE

I HAVE READ THIS RELEASE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

(if participant is legally a minor)

**RELEASE from INDEMNITY - FITNESS and EXERCISE ORIENTATION**

I have been offered and urged to attend an equipment orientation at the YMCA of Northwest North Carolina before using any equipment or beginning any exercise. I have been urged to consult with my physician for a physical to determine any health risks associated with my exercising.

I desire to voluntarily waive an equipment orientation at the YMCA of Northwest North Carolina and to waive any explanations concerning the risks of use of the equipment or of my exercising. I understand that the exercise will place an increasing workload on my cardiorespiratory and musculoskeletal systems and there is a risk of physical changes during or following my exercise. I understand that failure to use the equipment properly may result in injury, illness, or medical problems including but not limited to fractured or broken bones, strained or torn muscles, tendons, or ligaments, dizziness, feeling light-headed or becoming faint, stroke, heart attack, joint problems, or other physical problems.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the fitness instructor, another YMCA professional staff member, or the Welcome Center attendant.

I certify that I have no physical condition which would prevent me from safely engaging in an exercise program and agree to abide by all the rules and regulations of the YMCA.

In consideration for being allowed to participate in the YMCA of Northwest North Carolina exercise program, I agree to assume the risk of such exercise and inherent dangers from exercise and use of the equipment. I hereby release the YMCA of Northwest North Carolina and its staff members from any and all claims, suits, losses, or related causes of action for damages related to my exercise program and hold them harmless from anything arising therefrom.

In signing this release and consent form, I affirm that I am legally capable of so acting, that I have read this form in its entirety, that I understand the nature of the exercise program, and that I do not want further information. All the questions I have concerning the exercise program or the equipment have been answered to my satisfaction.

\_\_\_\_\_  
Printed Name of participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of YMCA Witness

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date