



Membership Application

Rocky Mount Family YMCA, Inc.
d/b/a Harrison Family YMCA

Office Use Only:

Today's Date: _____
Unit ID: _____
Photo Taken: Y / N Staff Initials _____
Referred By: _____
Referred By Unit ID: _____
Raptor Scanned: Y / N Staff Initials _____

Member Information: List Responsible Payee First (please print legibly)

Member Type: Youth Teen Young Adult One Adult Two Adult One Adult + Two Adult + Three Adult +
 One Senior Two Senior SilverSneakers® Silver & Fit®

Legal Name _____ Date of Birth ___/___/___ Gender M F
Driver's License State and #: _____
Home Address _____ City _____ State _____ Zip _____
Primary Phone _____ Primary Email _____
Emergency Contact Name _____ Relationship _____ Phone _____

Note: Emergency contact should be someone other than you.

Ethnicity: African American Native American Alaskan Native Asian/Pacific Islander Caucasian Hispanic
 Prefer Not to Answer Biracial Other

Second Adult:

Legal Name _____ Date of Birth ___/___/___ Gender M F
Email (if different than primary): _____ Phone _____
Driver's License State and #: _____
Ethnicity: African American Native American Alaskan Native Asian/Pacific Islander Caucasian Hispanic
 Prefer Not to Answer Biracial Other

Additional Adults or Dependents:

Legal Name _____ Date of Birth ___/___/___ Gender M F
Email (if different than primary): _____ Phone _____
Driver's License State and #: _____
Ethnicity: African American Native American Alaskan Native Asian/Pacific Islander Caucasian Hispanic
 Prefer Not to Answer Biracial Other

Legal Name _____ Date of Birth ___/___/___ Gender M F
Email (if different than primary): _____ Phone _____
Driver's License State and #: _____
Ethnicity: African American Native American Alaskan Native Asian/Pacific Islander Caucasian Hispanic
 Prefer Not to Answer Biracial Other

Legal Name _____ Date of Birth ___/___/___ Gender M F
Driver's License State and #: _____
Email (if different than primary): _____ Phone _____
Ethnicity: African American Native American Alaskan Native Asian/Pacific Islander Caucasian Hispanic
 Prefer Not to Answer Biracial Other

Payment Authorization: I hereby authorize the YMCA to draft from the account listed below.

Monthly Payment Options: Checking Credit/Debit Card
Draft Date: 1st 15th Monthly Draft Amount _____ Initials _____

Checking Draft Information: Must give routing and account number.

Credit/Debit Card Information: Visa Master Card
Name on Card _____ Card Number (last 4 digits) _____ Exp. _____
Billing Address _____ Zip Code _____

Corporate Membership: Corp Member - Company Name _____

Options Without Monthly Draft:

Paid In Full: Invoice 1 Year Invoice 6 Month Invoice 3 Month

Joining Fees are a one time, non-refundable fee paid by all new or rejoining members upon application. If rejoining, member pays joining fee if membership was inactive for longer than 30 days and not paid in previous 12 months. **Membership Dues are also non-refundable.**

MEMBER AGREEMENT

1. I understand that this is an on-going membership payment plan and my account must be in good standing at all times.
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 30-day written notice with completion of the Status Change or Cancellation Form, as applicable. 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 may cancel my membership based on draft declines, unpaid past due balances, violation of the YMCA Code of Conduct, the Sex Offender policy, violation of policies/procedures of the YMCA, or any other cause.
7. I understand that the YMCA may, at its discretion, adjust the monthly rate applicable to my membership category.
8. SilverSneakers® and Silver & Fit® Members Only: In order to maintain accurate records, any SilverSneakers® or Silver & Fit® membership that is inactive for 180 days will be terminated. To reactivate a SilverSneakers® or Silver & Fit® membership, updated information will be required.

RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the Rocky Mount Family YMCA, Inc (d/b/a Harrison Family YMCA) (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. By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law. The YMCA prohibits membership by persons required to register in the North Carolina Sex Offender and Public Protection Registry. I consent to all still and video photography taken by YMCA staff or agents for the expressed purpose of marketing the YMCA, its programs, or membership, and furthermore acknowledge such photography 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, it's 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 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 UNDERSIGNED HEREBY CERTIFIES that I/we, as parents/guardians/responsible party (hereafter "Responsible party") for the above listed participant(s), do consent and agree to his/her release, as provided herein, of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to the minor child's involvement or participant in these programs as provided herein, even if arising from their NEGLIGENCE, to the fullest extent permitted by law. I have instructed the minor participant(s) as to the warnings and conditions and their ramifications.
4. 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.
5. 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.
6. 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.

MEMBER ACKNOWLEDGEMENT & AUTHORIZATION

I have read and agree to the YMCA Membership Application in its entirety. I have read and will comply with the YMCA Member Agreement and Code of Conduct. I understand that the financial authorization I have given remains in effect until the YMCA has received a 30-day written notification with completion of the Cancellation Form from me indicating my desire to discontinue my membership. **I HAVE READ THE ABOVE AND AGREE THAT THIS WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT IS APPLICABLE TO ALL VISITS MADE BY ME OR PARTICIPANTS UNTIL I SO REVOKE SUCH IN WRITING.**

_____/_____/_____
Signature of Member or Responsible Party for Member(s) Under 18 Today's Date

_____/_____/_____
Printed Name of Member or Responsible Party for Member(s) Under 18 Date of Birth

Office Use Only:
Joining Fee Paid Y / N Staff Initials _____