



WELCOME TO THE FAMILY

Membership Application
JOPLIN FAMILY YMCA

For internal use only:
 Date: _____ Branch: _____
 Membership Card #: _____
 Scholarship: _____

PRIMARY MEMBERSHIP HOLDER

Legal First Name _____ Legal Last Name _____ MI _____ Birth date / / _____ Gender M F

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email Address _____

Emergency Contact Name _____ Emergency Contact Phone Number _____

Employer/School Name _____ Position/Grade _____ Work Phone Number _____

How did you hear about the Joplin Family Y? _____

Ethnic/Racial Background (This information is voluntary and is used only for demographic purposes in grant applications.)
 Asian/Pacific Islander African American Alaskan Native Caucasian Hispanic/Latino Native American Mixed Other

ADDITIONAL ADULT MEMBER

Legal First Name _____ Legal Last Name _____ MI _____ Birth date / / _____ Gender M F

Employer/School Name _____ Work or Cell Phone _____ Email Address _____

Asian/Pacific Islander African American Alaskan Native Caucasian Hispanic/Latino Native American Mixed Other

OTHER FAMILY MEMBERS Must be under 23 and living in the same house

	Legal Name (First and Last)	Gender	Birth date	Relationship	School	Grade
1		<input type="checkbox"/> M <input type="checkbox"/> F	/ /			
2		<input type="checkbox"/> M <input type="checkbox"/> F	/ /			
3		<input type="checkbox"/> M <input type="checkbox"/> F	/ /			
4		<input type="checkbox"/> M <input type="checkbox"/> F	/ /			
5		<input type="checkbox"/> M <input type="checkbox"/> F	/ /			

PAYMENT INFORMATION Choose one of the forms of payment below.

<input type="checkbox"/> MONTHLY BANK DRAFT Name on account _____ Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Name of bank _____ Routing # _____ Account # _____ Draft Date: <input type="checkbox"/> 1 st <input type="checkbox"/> 15 th	<input type="checkbox"/> MONTHLY CREDIT/DEBIT CARD DRAFT Name on card _____ Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express Card # _____ Expiration Date _____ Security Code _____ Draft Date: <input type="checkbox"/> 1 st <input type="checkbox"/> 15 th
<input type="checkbox"/> 6-MONTH PAYMENT IN FULL	<input type="checkbox"/> ANNUAL PAYMENT IN FULL (13th month free)

Please read each payment term and initial the box beside it.

I understand that the Joplin Family YMCA reserves the right to make rate adjustments at any time. Should this occur, they will send written notice to the address I provided above. If my address changes, it is my responsibility to let the YMCA know.	
To cancel my membership, I must fill out a cancellation form 15 days prior to my monthly draft. Cancellations will not be taken over the phone. I understand that I am responsible for monitoring my bank or credit card account. YMCA withdrawals made from my account beyond cancellation will generally not be refunded.	
I understand that if I select monthly payments, my bank account or credit card will be charged each month for my membership dues. The charge is continuous and ongoing. If the payment used for my monthly dues needs to be changed, I must fill out the required form at the Joplin YMCA 15 days prior to my draft.	
I understand that if for any reason the charge for my monthly membership dues is returned for nonpayment, I will be responsible for the payment of those dues plus a \$25 service fee from the Joplin Family YMCA. I will be responsible for any and all service fees that are charged by the account issuer for the declined payment. After two returned payments, the YMCA reserves the right to cancel my membership for nonpayment. If I rejoin the Joplin Family YMCA after a nonpayment cancellation, I will be required to pay the balance due and all new member fees in full.	

MEMBERSHIP ADD-ONS AND DRAFTS

<input type="checkbox"/> I am capable of helping others live a healthier lifestyle. Please add an additional \$_____ to my monthly payment to help offset program costs for less fortunate families. <input type="checkbox"/> I do not wish to donate at this time. <input type="checkbox"/> Please send me more information.	STAFF USE ONLY				
	Membership Type	Membership Rate \$	Campaign Donation \$	Total Monthly Draft \$	1st Draft Date
	Joiner's Fee \$	Membership Pro-rate \$	Total Amount Due \$	Total Paid \$	Staff Initials

JOPLIN FAMILY YMCA MISSION

To put Christian principles into practice through programs that build a healthy spirit, mind and body for all.

CONDITIONS OF MEMBERSHIP

All members are required to present a valid membership card for identification when using YMCA facilities and programs. Membership in the YMCA is a privilege, and the YMCA reserves the right to cancel anyone's membership and refund fees on a pro-rated basis if the YMCA deems such action to be in its best interests. Membership privileges and cards are not transferable, remain the property of the Joplin Family YMCA, and must be returned upon request. Replacement cards will cost \$5.

Please note:

- Membership dues are non-refundable and are not based on usage.
- Membership dues and similar payments are not deductible as charitable contributions.
- All membership and/or program balances must be paid prior to membership termination being accepted.
- Monthly membership dues and other fees (joiner's fees, program costs, etc.) are each separate transactions and are drafted separately.
- 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.

RELEASE AND WAIVER OF LIABILITY

I understand that the Joplin Family YMCA assumes no responsibility for injuries or illnesses which I or my family members sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise, or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness which may result from my participation in these activities. I hereby release and discharge the Joplin Family YMCA, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities.

I understand that the Joplin Family YMCA is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

ELECTRONIC FUNDS TRANSFER POLICY

A voided check is required with all bank draft applications or a copy of a credit card if drafting by credit card.

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. 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.

FITNESS AND EXERCISE ORIENTATION

I have been offered and urged to attend an equipment orientation at the Joplin Family YMCA (hereafter "YMCA") 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.

Should I desire to voluntarily waive an equipment orientation at the YMCA 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 Joplin Family YMCA 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 Joplin Family YMCA 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.

ACCEPTANCE AND SIGNATURE

I accept all provisions of membership set forth above and those provisions bearing my initials on the previous page, and understanding the Mission of the YMCA, hereby apply for membership. I understand that the information given for my YMCA membership is the property of the YMCA and is kept as confidential information by the YMCA and its representatives.

Signature/Signature of Parent or Guardian if under 18

Date

PHOTO AND MEDIA RELEASE (optional)

I give my permission to the Joplin Family YMCA to use, without limitation or obligation, photographs, film footage or tape recordings which may use the image or voice of those on this membership for purposes of promoting or interpreting the YMCA programs.

Signature/Signature of Parent or Guardian if under 18

Date