



EDWARDSVILLE YMCA NEW MEMBER APPLICATION

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PRIMARY CONTACT INFORMATION

Primary Member Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Cell/Home Phone: _____ Work Phone: _____ Birthdate: _____ Gender: _____
 Email: _____ 2ND Email (if Applicable): _____
 Emergency Contact*: _____ Phone Number: _____
 *Other Than Those Listed On Membership.

HOUSEHOLD MEMBERS

Name: _____ Birthdate: _____ Gender: _____ (If Over 18) Cell Phone: _____
 Name: _____ Birthdate: _____ Gender: _____ Cell Phone: _____
 Name: _____ Birthdate: _____ Gender: _____ Cell Phone: _____
 Name: _____ Birthdate: _____ Gender: _____ Cell Phone: _____
 Name: _____ Birthdate: _____ Gender: _____ Cell Phone: _____
 Name: _____ Birthdate: _____ Gender: _____ Cell Phone: _____

MEMBERSHIP TYPE

FULL PRIVILEGE BASIC PROOF OF AGE AND/OR RESIDENCY MAY BE REQUIRED.

- Youth (Basic: age 12 & under | Full: age 12-18)
- Individual (Basic: age 13+ | Full: age 19+)
- College (age 18-23) (Full & Summer/Holiday Only)
- Family*
- Family* +1 adult
- Family* +2 adults
- Senior Individual (age 62+)
- Senior Couple (one must be 62)

INSURANCE MEMBERSHIPS (Full Privilege Only, Check Eligibility)

- SilverSneakers Individual
- Renew Active Individual
- Silver & Fit Individual
- Active & Fit Individual

MILITARY OR 1ST RESPONDERS (Full Privilege Only)

- Individual
- Family

PAYMENT INFORMATION

ANNUAL BANK DRAFT (ONLY FILL OUT PAYMENT INFO IF BANK DRAFT)

NAME AS IT APPEARS ON CHECKING ACCOUNT OR CREDIT CARD:

CHECKING (ATTACH A VOIDED CHECK)	OR	CREDIT CARD / DEBIT CARD (CIRCLE ONE)			
		TYPE (CIRCLE ONE)			EXPIRATION DATE
		MASTER CARD	VISA	DISCOVER	/
		LAST 4 DIGITS OF ACCOUNT NUMBER:			

PLEASE INITIAL TO INDICATE YOUR UNDERSTANDING AND ACCEPTANCE OF THE FOLLOWING POLICY:

- I give authority for the Y to draft my account by the 15TH of every month.
- The monthly payment is considered continuous and is subject to rate increases.
- In order to change or terminate the automatic plan, I must provide the Y with 7 days written notice on or before the 1ST of the month.
- If my payment is unable to draft, I will be responsible for that payment, a \$15 return fee and any other recovery fees. These fees are in addition to any service fee my bank may charge.
- It is my responsibility to check my bank/credit card statement and report any discrepancies within 30 days of the draft in question.

Account Holder Signature

____/____/____
Month Day Year



WELCOME TO THE EDWARDSVILLE YMCA

CONDITIONS OF FACILITY ACCESS

In consideration of being permitted to participate in YMCA activities and for other good and valuable consideration, I hereby agree to release and discharge from **liability** arising from negligence **Edwardsville YMCA** and its owners, directors, officers employees, agents, volunteers, participants and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate and also agree as follows:

- I acknowledge that participating in YMCA activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated or described in their entirety, and with knowledge of the use of safety equipment, without jeopardizing the essential qualities of the activity.
- **I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees.** My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
- **I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct.** Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
- In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
- I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
- **Photograph & Video Release:** For adequate sufficient consideration the receipt of which is hereby acknowledged, the applicant(s) hereby gives permission for the YMCA to use, without limitation, photographs, film footage or tape recordings which may include the applicant(s) image or voice for purposes of promoting or interpreting YMCA programs. **Initial If You Do Not Give Permission For Photo Release:** _____
- **Sex Offender Registry:** The YMCA conducts regular sex offender screenings on all members, participants and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation and remove visitation access.
- **Nationwide Membership Access:** 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 any liability for other claims, including loss of property, to the fullest extent of the law.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

Primary Adult: Printed Name: _____ **Signature:** _____ **Date:** _____

2ND Adult: Printed Name: _____ **Signature:** _____ **Date:** _____

COMPLETE FOR PARTICIPANTS UNDER THE AGE OF 18

In consideration of _____ (Print Names Of Minors) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent/Guardian Signature: _____

STAFF USE ONLY THIS SECTION:

Date	Joining Fee	Prorated or Annual Fee	Expiration Date	Staff Initials

STAFF CHECKLIST (Initial Each):

___ Gave New Member Packet ___ Gave Tour Of Facility ___ Printed Membership Cards ___ Logged Waivers ___ Updated All Info In CCC

If Cards Not Issued, Please Give Reason: _____