



JOPLIN FAMILY YMCA Membership Application

For internal use only:

Date: _____ Branch: _____
Membership Card # _____

Membership Type: CIRCLE: Youth Teen Adult Household Household + 1 Adult Household + 2 Adults Senior Senior Couple
Military Staff Payroll Deduct Trade

RESPONSIBLE PAYEE

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 Other Prefer not to answer

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 Referred by Member (Name) _____
Insurance Magazine Place of Employment Other social media

Office Use: Member Referral Date: _____
Applied Date : _____ Staff Initial ____

Second Adult (must live in the same house)

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 Other Prefer not to answer

Other Adults/Dependents (under 23 and in the same house) 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 Other Prefer not to answer

Other Adults/Dependents (under 23 and in the same house) 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 Other Prefer not to answer

Other Adults/Dependents (under 23 and in the same house) 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 Other Prefer not to answer

Payment Authorization

Payment: Bank Draft Credit Card Draft 1 year 6 months

Draft Date: 1st 15th **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 Number: _____

Account Number: _____

We Are Stronger Together!

I am capable of helping others live a healthier lifestyle. Please add an additional \$5, \$10 or other dollar amount to my monthly payment to help offset the cost for those less fortunate.
Monthly Amount: \$5 \$10 \$_____

Strengthening Our Community's Workforce

Does your company have 10 or more employees who are members? If so, please inquire about our Corporate Membership Program!

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

Credit Card Number: _____ **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. 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 if I have three (3) NSFs in a one-year period, I will no longer be allowed a bank draft option.
10. 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.
11. 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 _____ Add'l Dependent Fees: _____

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



JOPLIN FAMILY YMCA Membership Agreement

RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the Joplin 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. The YMCA prohibits membership by persons required to register in the Missouri 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, 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 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 Missouri 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

I HAVE READ THIS RELEASE

____/____/____
Date Participant's Signature

____/____/____
Date Parent's or Guardian's Signature
(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 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 Joplin Family 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.

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 Staff Initials

Our Mission: Under the guidance of Christian principles, the Joplin Family Y seeks to serve the community by providing an environment and activities that enable all people to achieve their full potential through the development of spirit, mind and body.



JOPLIN FAMILY YMCA Photo and Video/Audio Recording Release

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the Joplin Family YMCA (hereafter JFY), I hereby give my permission and consent, now and for all time, to JFY, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with JFY and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at JFY, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at JFY, I authorize, according to this Release, shall belong to JFY, YMCA of the USA and third parties collaborating with JFY and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience JFY;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience JFY will not be subject to any obligation of confidentiality and may be shared with and used by JFY, YMCA of the USA and third parties collaborating with JFY and/or YMCA of the USA;
- Joplin Family YMCA, YMCA of the USA and third parties collaborating with JFY and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at JFY; and
- Joplin Family YMCA, YMCA of the USA and third parties collaborating with JFY and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at JFY for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge JFY, YMCA of the USA and third parties collaborating with JFY and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience JFY as described herein.

1.	_____	_____	____/____/____	_____
	Printed Name of Participant	Signature of Participant	Date	Staff Initials
2.	_____	_____	____/____/____	_____
	Printed Name of Participant	Signature of Participant	Date	Staff Initials
3.	_____	_____	____/____/____	_____
	Printed Name of Participant	Signature of Participant	Date	Staff Initials
4.	_____	_____	____/____/____	_____
	Printed Name of Participant	Signature of Participant	Date	Staff Initials

I am the Mother/Father/Legal Guardian of _____ (children's names).
For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child(ren).

_____	_____	____/____/____
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date