

APPLICATION FOR MEMBERSHIP

HAMILTON AREA YMCA

PRIMARY MEMBER INFORMATION

First Name _____ MI _____ Last Name _____

Gender Male Female Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Employer _____ Business Phone _____

EMERGENCY CONTACT INFORMATION

Emergency Contact _____ Relation to Member _____

Emergency Contact Phone _____

FAMILY INFORMATION Please list all those you want to include in your Family Membership.

Name (First & Last)	Gender (M/F)	Relation to Primary Member	Date of Birth

I/We the undersigned, realize that there may be medical risks associated with physical exercise, the use of the Hamilton YMCA JKR Branch, and the Sawmill Branch, or use of equipment within these facilities. I/We also recognize that the Hamilton Area YMCA cannot evaluate my/our physical abilities and/or medical limitations as they may pertain to my participation in programs, the use of the facilities or equipment within the facilities. Therefore, I/We assume all responsibility for undergoing a thorough medical evaluation by licensed medical professional, including, but not limited to, the assessment of pertinent potential limitations on exercise, participation in Hamilton Area YMCA programs, and the use of branches and equipment related, either within the JKR Branch property or at the Sawmill Branch property. Furthermore, in consideration of my/our participation in the activities of the Hamilton Area YMCA, I/we do hereby agree to hold free from any and all liability the Hamilton Area YMCA, its respective officers, employees, and members, for any injury sustained by me/us due to any action or inaction including, but not limited to negligence, on the part of any and all of the aforementioned parties. I/We do hereby for myself/ourselves, heirs, executors, and administrators, waive release and forever discharge any and all rights and claims for damages which I/We may have or which may hereafter accrue to me arising out of or connected with my/our participation in any of the activities of the Hamilton Area YMCA, use of equipment in either or both of its facilities and/or use of the facilities or properties.

- The Hamilton Area YMCA/Sawmill Branch reserves the right to photograph or film any member and use said pictures or film for any form of advertising or promotion as deemed appropriate.
- All partners of the Hamilton Area YMCA/Sawmill Branch reserve the right to photograph or film any member and use said pictures or film for any form of advertising or promotion as deemed appropriate.
- Children under the age of 13 may not be in the Facility without the supervision of a parent/guardian 18 yrs of age or older.
- Membership fees and dues are non-refundable and non-transferable.

The Hamilton Area YMCA reserves the right to revoke the membership privileges of any person who abuses or misuses any of the equipment or facilities located on its premises, who engage in conduct which is abusive, illegal, disruptive, or poses a threat to the safety of others, or who does not adhere to all rules and regulations. The Hamilton Area YMCA reserves the right to close the facility for annual maintenance and repairs.

I/We, the undersigned have read, understand and agree to all of the above.

Signature _____ Date _____

Parent/Guardian Signature (if member is under 18) _____

FOR OFFICE USE ONLY: Member ID _____

Member Code _____

Staff Signature _____

AUTOMATIC BANK DRAFT AUTHORIZATION FORM

HAMILTON AREA YMCA

Finance Use Only

Member ID _____
Member Code _____
Monthly Membership Draft Amt _____
Monthly Bank Draft Amt (12 mo) _____
Monthly Contribution Draft Amt _____
Total Monthly Amt _____
Draft Start Date _____
One Time Contribution Amt _____

I, (name) _____ authorize the Hamilton Area YMCA to initiate debit entries, via Bank Draft, to my Bank Checking Account/Credit Card Account at the depository financial institution listed below and to debit the same such account. I acknowledge that the origination of the Bank Draft transaction to my account must comply with the provisions of U.S law.

This debit will commence on (date) _____ and occur monthly on the fifteenth day of the month. Bank draft memberships are perpetual and will continue until the member requests termination. Authorization will remain effective until the Hamilton Area YMCA has received written notification 30 days prior to the 15th of the month.

I understand it is my responsibility to check my monthly bank statement and report any corrections or change to the below information immediately to the Hamilton Area YMCA.

If opting to draft the Joiner Fee monthly, I understand that the Hamilton Area YMCA will cease this payment after 12 payments, while continuing the monthly membership draft.

NOTE: It is the member's responsibility to notify the Hamilton Area YMCA of any change to the above information, including updating Credit Card expiration dates. There will be a service charge for any Bank Draft that is returned by the bank for insufficient funds.

Please choose one and complete the information:

Checking Account*

Credit Card

Bank Name _____

Credit Card Type Visa MC Discover AmEx

Account Number _____

Card Number: _____

Bank Transit Routing No _____

Expiration Date: _____ Code: _____

**voided check must be attached*

I would like to contribute an additional amount monthly to support my YMCA as it helps my community by providing financial assistance to those in need. *(Check box below for additional amount)*

\$5.00 \$10.00 \$15.00 \$20.00 Other

TERMINATION POLICY FOR BANK DRAFT

Memberships may only be terminated by completing a Termination Form and surrendering the current membership card (s) to the Customer Service Desk. **This must be done 30 days prior to the 15th of the month which you are requesting the draft to be stopped.** If termination occurs after the 10th of the month, you will be drafted for that month. It is the member's responsibility to confirm termination of draft fees from their bank account.

Signature _____ Date _____