

FAMILY YMCA OF FAYETTE COUNTY MEMBERSHIP APPLICATION

PLEASE PRINT

Primary Member Name: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Email Address: _____

Emergency Contact Name (REQUIRED): _____ Phone: _____

If member is under 18 years of age, please indicate parent or guardian information below:

Name: _____ Date of Birth: _____

(If applying for more than one participant, please list family members and birthdates)

Name:	Relationship:	Date of Birth:

Waiver: I understand that the YMCA assumes no responsibility for injuries or illnesses which I or any member of my family may 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 any other activities or programs that are held at the YMCA facility, campus, or any location to where a YMCA sponsored event takes place. I acknowledge that my family or I accept the responsibility of utilizing the YMCA and will not hold the YMCA liable for any disease, virus, or health related illness that I may sustain as a result of my participation. This includes but not limited to: communicable diseases, viruses, influenza, COVID-19, or any other pathogenic illness. I expressly acknowledge that I assume the risk for any and all injuries and illnesses which may result from my or my family's participation in these activities. I hereby release and discharge the YMCA, its agents, servants and employees from any and all claims for injury, illnesses, death, loss or damage which I or any member of my family may suffer as a result of my participation in these activities. I understand the YMCA is not responsible for personal property lost or stolen while members and/or guest members are using YMCA facilities or on YMCA premises. I understand that payments are processed on the 1st of each month. Any changes to my bank/card service are required to be submitted to the YMCA in writing prior to the first day of the month. The YMCA cannot accept prepaid debit or credit cards. It is understood that my designated payment selection will be continuous until a written change notification has been received and acknowledged by the YMCA. If at any time I need to cancel my membership, it is required that I submit to the YMCA a written notice prior to the first day of the month. Should any payment not be honored by said bank/card service when received by them, it is understood that the payment to the YMCA is to be made in the amount of the said payment plus a service charge fee. If my payment is rejected by my bank/card service twice in a six month period, I understand the YMCA will cancel my membership and I will be responsible for paying my past due balance and a \$20.00 reinstatement fee to renew my YMCA membership. I agree to abide by the rules and policies of the YMCA, including changes approved by its governing bodies in accordance with its Charters and By-Laws. The YMCA reviews rates annually and in the event of a rate change, the YMCA will notify you of your rate change by mail using the address we have on file with at least thirty days' notice. Membership will be pending until a search on NSOPW Sex Offender Database has been performed. I understand that by completing and signing this waiver, I have read and understood the listed above guidelines.

Membership will be pending until a search on NSOPW Sex Offender Database has been performed.

Member Signature: _____ Date: _____
(If not at least 18, parent or guardian must sign)

To be completed by staff member:

NSOPW Sex Offender DB checked

Daxko cards created

Photos taken

 Staff Member Signature

 Date