

# Wayne County YMCA Membership Application

**Please Print**

Last Name		First Name		Middle Initial	Sex _ Male _ Female
Date of Birth / /	Race (Optional)	Marital Status _Single _Married		Home Phone	Email for Newsletters
Home Address	Street	Apt. Number	City	State	Zip Code
Emergency Contact			Relationship		Phone
<b>Fill out for Family Membership ONLY:</b>		Spouse Name		Date of Birth / /	Sex _ Male _ Female
<b>Family</b> includes husband, wife & children under 19& full-time college students under 23 yrs. - CHECK box in corner if college student.			Child's Name	Date of Birth / /	Sex <input type="checkbox"/> _ Male _ Female
			Child's Name	Date of Birth / /	Sex <input type="checkbox"/> _ Male _ Female
			Child's Name	Date of Birth / /	Sex <input type="checkbox"/> _ Male _ Female
			Child's Name	Date of Birth / /	Sex <input type="checkbox"/> _ Male _ Female

## Membership Agreement

In consideration of the YMCA's permission to use its facilities, it is agreed that the participant who is signed below and all applicants included in this membership will obey the rules and regulations at all times while participating in any YMCA programs.

It is further agreed that failure to abide fully & completely with these rules & regulations will entitle the YMCA to terminate the undersigned participants rights to participate in any program without advance notice & without any obligation on the part of the YMCA to refund any moneys paid by the participants to participate in these programs. Participants agree to assume all financial responsibilities of membership dues in a timely manner as set by the Y.

It is further understood that I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive and release any and all rights to or claims for damages I may have against the YMCA for any and all injuries suffered by me or others included in this membership in any program.

I grant the Wayne County YMCA, its agents and the news media the right to photograph my family and me, including children, and to use the photographs for promotional or news purposes and the right to record our voices or to note our comments to use for promotional purposes on television, newspaper, magazine or radio news. I also warrant the rights granted herein do not conflict with any existing commitments on my part.

**YMCA MEMBERSHIPS ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**For Office Use Only:** (Revised 10/27/2014)

Type of Membership:							
<input type="checkbox"/> Preschool	<input type="checkbox"/> Jr. Youth	<input type="checkbox"/> Sr. Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> Family	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	
Payment Plan:	<input type="checkbox"/> Joiner Fee	<input type="checkbox"/> In Full	<input type="checkbox"/> 2 week	<input type="checkbox"/> One Month	<input type="checkbox"/> 3 month	<input type="checkbox"/> 6 month	<input type="checkbox"/> ACH (bank draft)
Staff Member	___	Initial Payment Amount	_____	Type of Payment	_____	Date	_____
Expiration Date	_____						
Please initial:	___	Money Entered	___	Membership Card Processed	___	Entered in QB	___
Attendance Data Base	_____						



# FREE YMCA MEMBERSHIP FOR 7TH GRADERS!

## Parent Agreement

7th Grader's Name: \_\_\_\_\_

- » I have received the 7th Grade Initiative Membership Policies and understand that it is my responsibility, and my child's responsibility, to follow these policies.
- » I understand that my child's membership will not be activated until all registration documents have been submitted to the YMCA.
- » I understand that my child must be actively engaged in a program or activity while at the YMCA.
- » I understand that the YMCA is not responsible for lost or stolen personal belongings.
- » I understand that my child's YMCA membership may be suspended or terminated at the discretion of the YMCA for behavioral problems that endanger other people or create an unfavorable atmosphere at the YMCA.
- » I understand according to YMCA policy, members 12 and older do not require parental supervision.
- » I understand that YMCA staff and volunteers are not responsible for the supervision of my child outside of registered YMCA program times.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_