



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF THE SANDHILLS MEMBERSHIP APPLICATION

PRIMARY ADULT INFORMATION

FIRST NAME: _____ LAST NAME: _____

ADDRESS LINE 1: _____

ADDRESS LINE 2: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

BIRTHDATE: / / GENDER M F

EMERGENCY CONTACT NAME: _____ PHONE NUMBER: _____ RELATIONSHIP: _____

ADDITIONAL MEMBERS

FIRST NAME: _____ LAST NAME: _____ BIRTHDATE: / / RELATIONSHIP: _____ M F

FIRST NAME: _____ LAST NAME: _____ BIRTHDATE: / / RELATIONSHIP: _____ M F

FIRST NAME: _____ LAST NAME: _____ BIRTHDATE: / / RELATIONSHIP: _____ M F

FIRST NAME: _____ LAST NAME: _____ BIRTHDATE: / / RELATIONSHIP: _____ M F

BILLING INFORMATION

MONTHLY DRAFT:

CREDIT/DEBIT CARD EFT

ADDITIONAL PAYMENT OPTIONS*:

SEMI-ANNUAL ANNUAL

FOR STAFF USE ONLY

LAST 4 DIGITS: _____

*SEMI-ANNUAL AND ANNUAL BILLING MUST BE PAID IN FULL AT TIME OF REGISTRATION

FOR STAFF USE ONLY:

HEALTH ID CONFIRMATION NUMBER: _____

ANNUAL PARTNERSHIP FEE

As a member of the YMCA of the Sandhills, a \$19 Annual Partnership Fee will be automatically charged for each adult on my membership on MAY10TH of each year of active membership.

Please initial:

_____ I acknowledge my support for YMCA youth programs

MEMBERSHIP BILLING AGREEMENT: I understand that I am authorizing the YMCA of the Sandhills to automatically draft my membership and annual dues using the credit card or bank account provided on the 1st of the month until a 30 day written notice is received from the financially responsible party. Automatic billing will not be pro-rated and I am responsible for any charge incurred within the 30-day notice. I understand I may place my membership on hold for up to 90 days annually by providing written notice to the YMCA. I understand that no refunds will be given for paid in full annual, semi-annual or quarterly membership. I understand that it is my responsibility to monitor my payments and that I cannot hold the YMCA responsible for any payment mistakes 90 days after the error took place.

I understand if I fail to notify the YMCA of any changes to my payment information or if there are insufficient funds available at the time of the draft a \$25 fee will be assessed in addition to the monthly payment. Non-payment for any reason will result in suspension of my membership privileges. Failure to pay past due amounts may result in the YMCA pursuing legal action by utilizing a collections agency or reporting to credit bureaus. I understand the YMCA may increase my membership cost and adjust the amount of my automatic payment after I have been mailed a written notice 30 days prior to the changes.

INITIAL: _____

AREAS OF INTEREST:

- | | | |
|--|--|--|
| <input type="checkbox"/> AEROBICS | <input type="checkbox"/> FUNDRAISING | <input type="checkbox"/> TEEN ACTIVITIES |
| <input type="checkbox"/> AQUATICS | <input type="checkbox"/> SENIOR PROGRAMS | <input type="checkbox"/> VOLUNTEER OPPORTUNITIES |
| <input type="checkbox"/> CHILD CARE | <input type="checkbox"/> SOCIAL ACTIVITIES | <input type="checkbox"/> YOUTH SPORTS |
| <input type="checkbox"/> COACHING | <input type="checkbox"/> SPIN CLASSES | <input type="checkbox"/> YOGA |
| <input type="checkbox"/> FAMILY ACTIVITIES | <input type="checkbox"/> SUMMER CAMP | <input type="checkbox"/> OTHER |

DEMOGRAPHIC INFORMATION (OPTIONAL)

EMPLOYER: _____
HIGHEST EDUCATION: _____
VETERAN STATUS: _____
ANNUAL INCOME: _____
ETHNICITY: _____

How did you hear about us?

- | | |
|--|---|
| <input type="checkbox"/> BILLBOARD | <input type="checkbox"/> EMPLOYER |
| <input type="checkbox"/> DRIVE BY | <input type="checkbox"/> FORMER Y MEMBER |
| <input type="checkbox"/> EMAIL/DIRECT MAIL | <input type="checkbox"/> WEBSITE/FACEBOOK |
| <input type="checkbox"/> WORD OF MOUTH | <input type="checkbox"/> OTHER _____ |

MEMBERSHIP AND FACILITY USAGE POLICIES:

The applicant(s) understand that the YMCA has a member code of conduct and agrees to treat YMCA staff, members, guests, facilities and equipment with respect at all times. Applicants will follow all staff instructions and YMCA of the Sandhills policies and procedures. Failure to do so may result in the loss of membership.

Children under the age of 12 must be supervised by an adult at all times. Youth ages 12 and up may utilize the YMCA for up to two hours unaccompanied. The YMCA will not provide supervision unless children are enrolled in a YMCA program.

The Y promotes the safety of all who engage in exercise programs. The applicant(s) affirm that he/she is in physically sound condition and understands that participation in exercise, weight training, recreational sports, including the use of pools, saunas and fitness equipment carry potential risk of injuries or illness. Applicant(s) agrees that the YMCA is not responsible for any such injury or illness. If the applicant(s) decline a YMCA led wellness orientation and are over the age of 18, they indicate that they are familiar with the use of cardio, circuit training and free weight equipment. If under 18, guardians understand all youth must receive an orientation prior to using the wellness areas.

MARKETING: The applicant(s) understand the YMCA will contact members using the information provided at sign up with member updates, account information and program registration and information. Applicant(s) understand the YMCA and/or other media representing the YMCA may use images and audio of members for promotional purposes. It is the member's responsibility to remove themselves from filming, photographs or digital recordings should they not want their image included in marketing promotions.

RELEASE AND WAIVER OF LIABILITY:

In favor of the YMCA of the Sandhills, a non-profit corporation, its directors, officers, employees and agents, participants and their dependents do hereby release and forever discharge and hold harmless the YMCA and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from this participant's involvement in the YMCA's programs services and events. Participant understands that this release discharges the YMCA from any liability or claim that the participant may have against the YMCA with respect to any bodily injury, personal injury, death or property damage that may result from participants involvement in YMCA programs services and events. Participant also understands that the YMCA does not assume responsibility for or obligation to provide financial or other assistance.

I have read and accept all provisions of membership set forth above. SIGNATURE REQUIRED FOR ALL MEMBERS 18 OR OLDER OR PARENT/GUARDIAN SIGNATURE FOR APPLICANTS UNDER 18.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____

ADDITIONAL ADULT PRINT NAME: _____ DATE: _____

SIGNATURE: _____