



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

New Rochelle YMCA

1ST ADULT		Date	Title	First Name	MI	Last Name			
H O M E	Mailing Address								
	City	State	Zip						
	Phone	E-Mail							
Birth Date		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Prefer to receive mail at <input type="checkbox"/> Home <input type="checkbox"/> Work		Can we add you to our email list? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Emergency Contact Name and Phone (outside of household)									
E M P L O Y E R	Company Name								
	Street Address								
	City	State	Zip						
	Job Title	Phone	E-Mail						
2 N D A D U L T	First Name		MI	Last Name (if different)					
	Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Company Name						
	Company Address			Company Phone					
	Job Title		E-Mail						
	How many years have you been in the community?								
How did you hear about the YMCA? <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Billboard <input type="checkbox"/> Live in area <input type="checkbox"/> Social Media <input type="checkbox"/> Newspaper <input type="checkbox"/> Magazine <input type="checkbox"/> Work place <input type="checkbox"/> Member <input type="checkbox"/> YMCA <input type="checkbox"/> Former Member <input type="checkbox"/> E-Mail <input type="checkbox"/> Friend/Family									
F A M I L Y M E M B E R S	First Name	MI	Last Name	Birth Date	Gender	School			
	First Name	MI	Last Name	Birth Date	Gender	School			
	First Name	MI	Last Name	Birth Date	Gender	School			
	First Name	MI	Last Name	Birth Date	Gender	School			
	First Name	MI	Last Name	Birth Date	Gender	School			
	First Name	MI	Last Name	Birth Date	Gender	School			
Membership Number		Membership Type		Payment Method		Initial Payment		Monthly Dues	
Photo Taken		ID Taken <input type="checkbox"/> Drivers License <input type="checkbox"/> Gov't ID <input type="checkbox"/> School ID <input type="checkbox"/> Non-Drivers ID		<input type="checkbox"/> Bank Draft <input type="checkbox"/> Credit Card <input type="checkbox"/> Annual		<input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash		Date of Draft/CC Payment (circle one) 1 st 15 th	
YMCA Staff Member		YMCA Supervisor		Receipt #		Monthly Amount \$ _____			

All potential members, Program Participants and Guests (18 and older) Must Sign and Date below:

Waiver of Liability: I hereby acknowledge that I am in good health, and I am fully able to participate in activities and programs of the YMCA. I hereby assume the risk of any and all accidents or injuries of any kind, which may be sustained by me, by reason of, or in connection with my use of this YMCA facility. In consideration of my right to use the YMCA as a non-member participant, I hereby release, discharge and absolve the YMCA, its agents and employees, from any and all liability or responsibility for such accident, injury or death, if such accident, injury or death is not the result of negligence of the YMCA, its agents or employees. I understand that it is of the discretion of the New Rochelle YMCA, its Director and/or staff, to determine if for any reason a guest should not be permitted in a New Rochelle YMCA facility, premises, and/or grounds.

Signature: _____
Date: _____

Financial Aid is available for those who qualify.

Attach voided check here.

Waiver

I am an adult over 18 years of age and wish to participate at the New Rochelle YMCA (the "YMCA") membership/program activities, **and if checked here wish my children or legal wards to participate and give them permission to participate in the YMCA activities.** As used in this Agreement "children" shall include legal wards and "parent" shall include legal guardian. As a condition to being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of the facilities or equipment, or participation in any off-site program affiliated with the YMCA, I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition to participation by me or my children in YMCA activities, on my behalf and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the YMCA, its sponsors, officers, employees, volunteers, or contractors as a result of participating in YMCA activities or using its facilities. I further agree to indemnify the YMCA against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by me or my children. I have read this authorization, waiver, and release, understand it, and am voluntarily signing it.

Signature _____

Date _____

I understand that the New Rochelle YMCA is not responsible for personal property lost, damaged, or stolen while members and / or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs.

Signature _____

Date _____

I give my permission to the New Rochelle YMCA to use without limitation or obligation, photographs, film footage, or tape recordings which may include my or my children's image or voice for the purposes of promotion or interpreting YMCA programs.

Signature _____

Date _____

Membership Agreement

If my membership dues are paid through Credit Card draft or Electronic Funds Transfer, I understand this is a continuous membership plan and is non-refundable. This membership will remain in effect until I issue a written notice requesting a cancellation. Membership cards are the property of the YMCA and must be surrendered upon demand.

It is my complete understanding that if I wish to terminate or change my membership in any way, I must give the YMCA a 30 day written notice.

All membership rates are subject to change with 30 days written notice. I understand it is my responsibility to notify the YMCA of any change in address, bank account information (if Utilizing bank draft for payment of dues) or credit card information / expiration date (if utilizing credit card for payment of dues).

The Joiners Fee is a one-time non-refundable fee as long as you remain an active member of the New Rochelle YMCA. If you choose to cancel or discontinue your membership for more than 30 days, a Joiners Fee will be charged when you reapply for membership.

I acknowledge the waiver and membership agreement set forth above, and being in sympathy with the Mission Statement of the New Rochelle YMCA, hereby apply for membership.

Signature _____ **Date:** _____

Note: Parent or guardian must sign if applicant is under 18 years of age.

ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA, at its discretion, may resubmit the amount due for payment on a future date,

I choose to utilize the EFT option for monthly payment (direct debit from my Checking Savings account)

Bank Name _____ Name on Account _____

Routing/Transit Number _____ Account Number _____

Authorized Signature: _____ Date: _____

I choose to utilize the Credit Card Payment option for monthly payment (automatic direct charge to credit card)

Credit Card Type Visa MC _____ Card Holder Name _____

Last 4 digit of the Account Number _____ Expiration Date _____

Authorized Signature: _____ Date: _____