



Joining Date:

Geary Family YMCA Membership Application

Please select one: Family Adult Youth Senior Adult Senior Couple SilverSneakers/SF

Payment type: Annual Pay Bank Draft* Corporate Payroll Deduct: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Are you a Registered Sex Offender? Yes _____ No _____ Silver Sneakers ID# _____

Gender: _____ Birth Date: _____ Martial Status: M S W D

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____ Work Phone: _____

Emergency Contact: _____ Emergency Phone: _____

2nd Adult First & Last Name (Or Parent if Youth Membership): _____

2nd Adult Date of Birth: _____ Phone: _____

2nd Adult Email: _____

2nd Adult Employer: _____ Work Phone: _____

Children's Names	Gender	Birth Date
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

Payment \$ _____ + \$ _____ Joiners Fee = \$ _____ total due. Monthly Draft Amount \$ _____

Fostoria Yearly Rental Options: Towels \$70 Men's Locker \$20 Women's Locker \$25

Seasonal Hold - Bank Draft Option Only: I would like to put my membership on hold for up to 4 months. I understand that my account will continue to be drafted \$5.00 per month. Restart my membership for the month of _____. I understand that on the month I choose to restart my draft, my membership will start drafting at the full amount. Must be completed by the 25th of the month before you wish to start the membership hold.

Initials _____

Please complete the back side of application...

AREAS OF INTEREST: (Please check all that apply) The YMCA is a volunteer driven organization. We utilize volunteers in programs like YMCA sports, special events like Healthy Kids Day, and facility projects like Spring Clean-Up. We can certainly use your help!

- Aerobic Aquatics Child Care Family Programs Senior Programs Sports
 Teen Activities Volunteering Other _____

FULL PAYMENT: Memberships paid in full are invoiced for annual renewal approximately 30 days prior to and are payable on YMCA renewal date. If I allow my membership to lapse for more than 30 days beyond my renewal date and I decide to rejoin later, I will be considered a new member and I will be subject to paying the first year joining fee in addition to my annual dues. Dues and joining fees are non-refundable.

LIABILITY: I hereby accept all responsibility for, and assume the risk of any injury or damage to my person or dependent children which might arise directly or indirectly as a result, and or participation in a Geary Family YMCA program. I hereby expressly release, discharge and hold harmless liability whatsoever the YMCA, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Directors of the YMCA, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors, and assigns. I understand that the Geary Family YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises. I authorize the use and reproduction of any and all photographs or video footage for YMCA promotional purposes without compensation, and I understand that it is the personal responsibility of members and their guests to avoid being photographed if they so desire.

Initials _____

Primary Member Signature: _____ **Date:** _____

Parents Signature (if under 18 years of age): _____

MEDIA RELEASE INFORMATION

PLEASE CHECK ONE OF THE FOLLOWING.

_____ I give permission of the Geary Family YMCA to use my or my child's (name) _____ name and/or picture in the newspaper, TV, radio, digital recording, and the Geary Family YMCA website and social media pages.

____ I **do not** give permission to use my or my child's name and/or picture.

Intials: _____ DATE _____

***Bank Draft for Geary Family YMCA**

Account Holder's Name: _____

Bank Name: _____

Routing Number: _____ **Account Number:** _____

Checking Savings Your First Draft Will Be On the 1st of the following month.

MONTHLY DRAFT: I understand that this is a continuous membership plan and that this membership will remain in effect for as long as I retain the membership card issued to me. This is a contract, if I wish to terminate or change my membership in any way, I must give the YMCA a 30-day written notice. I understand that I must turn in all of my membership cards upon termination. The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership once per year. I understand that it is my responsibility to notify the YMCA with a 30-day written notice should I change my financial institution at any time. Membership cards remain the property of the YMCA and must be surrendered upon request. I hereby authorize the Geary Family YMCA to initiate electronic entries on the 1st of each month. This authorization remains in effect until the YMCA has received a 30-day written notification from me indicating my desire to discontinue my membership.

I/WE AGREE TO THE TERMS AND CONDITIONS OF THIS AUTHORIZATION AGREEMENT

Bank Account Holder Signature: _____ Date: _____