



MEMBERSHIP APPLICATION

Ozarks Regional YMCA

Date of Application _____

ID Number

Last Name

First Name

CONTACT INFORMATION

Your Name _____ ☐ Male ☐ Female Birthdate ____/____/____

Home Address _____ Apt # _____

City _____ State _____ Zip _____

Preferred Telephone _____ Other Telephone _____

Email Address _____

EMERGENCY CONTACT

Name: _____ Relation: _____ Phone: _____

MEMBERSHIP TYPE

- ☐ Family (Adult couple + Kids)
- ☐ Single Adult + Kids
- ☐ Two Adults
- ☐ Individual Adult
- ☐ Senior (individual 60 years or older)
- ☐ Senior Couple (one of which is 60 years or older)
- ☐ College Student (must be enrolled in 12+ credit hours and must provide transcript)
- ☐ Youth (child ages 6-18)
- ☐ Additional Household Adult Add On
- ☐ Silver Sneakers

PRIMARY CENTER

- ☐ CASSVILLE YMCA
- ☐ DALLAS COUNTY AREA YMCA
- ☐ G. PEARSON WARD YMCA
- ☐ LEBANON FAMILY YMCA
- ☐ MONETT AREA YMCA
- ☐ OZARK MOUNTAIN FAMILY YMCA
- ☐ PAT JONES FAMILY YMCA
- ☐ ROY BLUNT YMCA OF BOLIVAR

FAMILY MEMBERS Include your name on line 1.

Name	Birth Date	Gender (Check one)	Employer (If applicable)	Proof of Residency
1.		M F		<input type="checkbox"/>
2.		M F		<input type="checkbox"/>
3.		M F		<input type="checkbox"/>
4.		M F		<input type="checkbox"/>
5.		M F		<input type="checkbox"/>
6.		M F		<input type="checkbox"/>
7.		M F		<input type="checkbox"/>
8.		M F		<input type="checkbox"/>

LOCKER

Locker Number _____ *Lockers available by location including Ward, Jones, Bolivar and Lebanon.

How did you hear about the Y? _____

FOR OFFICE USE ONLY

Amount Received \$ _____ Receipt Number _____ Staff Name _____

Paid by ☐ Cash ☐ Check ☐ Charge ☐ SOList ☐ FitPath Date: _____

MEMBERSHIP AGREEMENT

NOTE: CONTAINS A RELEASE AND WAIVER OF LIABILITY

In consideration for Ozarks Regional YMCA ("The Y") agreeing to allow me to use facilities and services of the Y, I agree to the following (initial each item below to signify you read and understand all terms):

CONDITIONS OF MEMBERSHIP

- _____ **Member Health:** The applicant represents that he/she is in physically sound condition and understands participation in aerobics and other exercise, weight training, recreational sports, and use of pools, spas, saunas, steam rooms, and fitness equipment carry a potential risk of injuries or illness. The applicant understands the Ozarks Regional YMCA assumes no responsibility for any such injury or illness.
- _____ **Member Conduct and Right to Use the Facility:** Applicant agrees to abide by all policies and procedures of the Ozarks Regional YMCA and its centers, and understands failure to act in accordance with these rules may result in expulsion from the YMCA and revocation of the membership.
- _____ **Staff Conduct w/Minors:** The YMCA PROHIBITS staff members from caring for, providing instruction to, or engaging in social relationship outside of approved YMCA activities with children (other than family) who participate in YMCA programs or activities. This policy is designed for the protection of all involved – Children, Staff Members, parents and YMCA.
- _____ **Criminal History:** The applicant acknowledges it is the policy of the Ozarks Regional YMCA to deny membership to any individual registered as a sex offender. The applicant's name will be run through a national sex offenders list and may result in termination of membership.
- _____ **Property Loss:** The applicant understands the Ozarks Regional YMCA is not responsible for personal property lost, damaged, or stolen while using YMCA facilities or participating in YMCA programs.

- _____ **Photograph Permission:** The applicant hereby grants permission for the YMCA to use, without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret YMCA programs.
- _____ **Insurance:** The applicant understands the Ozarks Regional YMCA does not provide any accident or health insurance for its members or participants, and further understands it is the applicant's responsibility to provide such coverage.
- _____ **Membership Billing:** Any discrepancies to membership billing must be brought to the YMCA's attention within 60 days. The YMCA is not liable for any discrepancies to membership billing issues past 60 days.
- _____ Membership rates are subject to change and you will be notified in writing prior to any membership adjustments.
- _____ I am above the age of 18 years.

1. **I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the YMCA**, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to me, my personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to my person or property or resulting in my death, whether caused by the negligence of the releasees or otherwise
2. **I FURTHER HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the releasees and each of them from any loss, liability, damage, or cost they may incur arising from or related to my presence in, upon, or about the YMCA premises or participating in any YMCA program whether caused by the negligence of the releasees or otherwise.

I VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT SIGNIFYING THAT I HAVE READ, UNDERSTAND AND AGREE TO ALL TERMS

Date: ____/____/____ Sign: _____ Print: _____

MONTHLY BANK DRAFT OR DEBIT / CREDIT CARD AGREEMENT

Please select Bank Draft **OR** Credit Card/Debit

Monthly Membership Fee \$ _____._____ + Locker \$ _____._____ = Total Monthly Draft \$ _____._____

*The Y is accessible to all people. Financial assistance is offered to qualifying individuals and families who cannot afford membership and/or programs.

☐ **Bank Draft:** Name of Bank _____ Bank Routing No. _____

Name on Account _____ ☐ Checking ☐ Savings Account No. _____

Draft date: ☐ 5th ☐ 20th

☐ **Credit Card/Debit:** ☐ Visa ☐ Master Card ☐ Discover ☐ AMEX

Credit Card # _____

Expiration Date ____ - ____

Bankdraft payment plan is a continuous membership payment draft and it will continue unless the Y is notified in writing 10 days prior to your bank draft date. PLEASE ATTACH A VOIDED CHECK TO THIS APPLICATION

ELECTRONIC WITHDRAWAL

I elect to pay my membership monthly and, hereby authorize the bank noted during registration to remit monthly drafts drawn by the Y on the account filled in, or through the credit card entered during registration.

I understand that membership drafts will continue until I provide written authorization to cancel the draft **10 days prior to the draft**.

When the bank/credit card company honors the draft by charging my account, such drafts constitute my receipt for payment. In the event that my draft payment is returned unpaid, it will be collected electronically. I understand that my account will also be charged for a collection service charge of **\$25** (or the maximum amount allowed by law) and that I will be responsible for any other associated collection costs, and will be denied access to the facility until the account is resolved.

Not responsible for errors to account drafts after 60 days

Authorized Bank Account or Card Holder Signature _____ Date: ____/____/____