

## YMCA MEMBERSHIP APPLICATION

 Boonslick Heartland YMCA

 Glasgow Rec Center YMCA

 Youth (18 & under)   
  Young Adult (19-22)   
  Adult (23+)   
  Couple (2 same household)   
  Family (ask for more info)

**Fields Marked With An \* Are Required**

**\*Primary Member Information (Must be an Adult age 18 or older; must be a Parent/Guardian for Youth Memberships)**

_____	_____	_____	____/____/____	F / M / U
<b>*First Name</b>	<b>Middle I.</b>	<b>*Last Name</b>	<b>*Date of Birth</b>	
(____) - _____		_____	_____	_____
<b>Primary Member Personal Phone</b>		<b>Employer (Required for Corporate Memberships)</b>	<b>*Race</b>	

**Secondary Member Information (Must be an Adult age 18 or older)**

_____	_____	_____	____/____/____	F / M / U
<b>*First Name</b>	<b>Middle I.</b>	<b>*Last Name</b>	<b>*Date of Birth</b>	
(____) - _____		_____	_____	_____
<b>Secondary Member Personal Phone</b>		<b>Secondary Member E-Mail (If Different from Unit E-Mail)</b>	<b>*Race</b>	

**\*Unit/Household Information**

_____	_____	_____	_____
<b>*Street Address</b>	<b>*City</b>	<b>*State</b>	<b>*Zip</b>
(____) - _____		_____	
<b>*Primary Phone Number</b>		<b>*E-Mail</b>	
_____	_____	(____) - _____	_____
<b>*Emergency Contact Name</b>	<b>*Relationship to Primary</b>	<b>*Phone Number</b>	

**Dependant Information (Provide information for all children under 18, or full-time college students ages 19-22 living at home)**

Name	D.O.B.	Gender	Race	Relation to Primary

**Payment Options**

- Monthly payments made automatically via a checking/savings account, or a credit/debit card.
  - Quarterly payments made automatically via EFT or credit/debit card, or over the counter via mailed invoices.
  - Semi-Annually payments made automatically via EFT or credit/debit card, or over the counter via mailed invoices.
  - Annually payments made automatically via EFT or credit/debit card, or over the counter via mailed invoices.
- All Memberships pay the \$25 Administrative Fee, plus a prorated portion of their first month's dues at the time of activation.
- Payment Method:   
  Bank Account                     
  Credit/Debit Card                     
  Invoice (Not Valid for Monthly)
- Auto-Draft Date:   
  1st of the Month                     
 OR                     
  15th of the Month

**\*Membership Cancellation Policy**

Cancellation of Membership **must be submitted in writing** either in person or via e-mail, mail or fax correspondence: Membership **can not and will not** be cancelled via phone call. All cancellations, **regardless of date received**, will be processed and terminated at the end of the current month: once a month begins, scheduled payments for that month **cannot be cancelled and/or refunded**. Memberships, and scheduled membership payments, **will not be cancelled mid-month**.

**BILLING INFORMATION & AUTO-DRAFT AGREEMENT**

Checking or Savings Account Information		
Routing #: <input style="width: 100%;" type="text"/>	Last 4 Digits of Acct. # <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

**OR**

Credit/Debit Card Information		
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover
Last 4 Digits of Card#: _____	Exp. Date: _____	

**Authority to Bank: Auto-Draft Agreement**

I hereby authorize the Boonslick Heartland YMCA (hereby referred to as "Y") to draw funds from the account(s) listed above for Y Membership and Programs. I understand that the Y is not responsible for any fees incurred as a result of a failure to draft my account, including but not limited to Overdraft Fees.

**I understand that my Y Membership will renew automatically until I provide the YMCA with a written notice of cancellation, and that directly calling my bank will not cancel my monthly draft.** Furthermore, I understand that by signing this agreement I give the Y permission to draft my account for any standard Membership dues or fees owed on my account that fall within the scope of my signed Membership Agreement, **with or without** consulting me prior to said draft.

\_\_\_\_\_  
Signature to Authorize Automatic Payments

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Boonslick Heartland YMCA Waiver of Liability**

I am an adult over 18 years of age and wish to participate in Boonslick Heartland YMCA (further known as "Y") activities. In addition, I give my children permission to participate in the Y activities. I understand that even when every precaution is taken, accidents can sometimes happen. Therefore, in exchange for the Y allowing me to participate in Y activities, I understand and expressly acknowledge that I release the Y and its staff members and its board members from all liability for any injury, loss or damage connected in any way whatsoever to my, or my child's, participation in Y activities, whether on or off Y premises. I understand that this release includes claims based on negligence, action or inaction of the Y, its staff, directors, members and guests.

The YMCA conducts regular sex offender screenings on all members, participants and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

**Nationwide Membership Waiver of Liability**

Additionally, by participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including to loss of property, to the fullest extent of the law.

**Read and Initial the Following Statements**

\_\_\_\_\_ I understand the Y is not responsible for personal property lost or stolen while members, guests, and/or program participants are using the Y facilities or on the Y premises.

\_\_\_\_\_ I give permission to the Y to unrestricted use of photographs, film footage, or tape recording which may include my, or my child's, image or voice for the purposes of promoting or interpreting Y programs.

\_\_\_\_\_ I understand that the Executive Director of the facility reserves the right to suspend and/or terminate membership access to the facility at any time, for any reason.

\_\_\_\_\_ I understand that the Y conducts regular sex offender screenings, and that should a match occur the Y reserves the right to cancel my membership, program participation and revoke visitation access.

\_\_\_\_\_ I have read and understand the Membership Cancellation Policy.

\_\_\_\_\_ I understand that, as the Primary Member, my initials apply for all persons listed on this form.

I acknowledge all waivers and releases set forth above and, being supportive of the mission statement of the Y, hereby agree to the Code of Conduct, Boonslick Heartland YMCA Waiver of Liability and Nationwide Membership Waiver of Liability as stated.

\_\_\_\_\_  
Primary Member Signature

\_\_\_\_\_  
Secondary Member Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Staff Complete**

<input type="checkbox"/> Guest Passes Issued	Verified By: _____	Date Verified: _____/_____/_____
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