

# BATH AREA FAMILY YMCA MEMBERSHIP APPLICATION



Membership Type: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: \_\_\_\_\_ Work/cell: \_\_\_\_\_  
 Email: \_\_\_\_\_

(email address is only used for communications from the Y)

List only other family members living in household to be included in membership

	FIRST	MI	LAST	D.O.B.	RELATIONSHIP	SEX
#1	_____	_____	_____	____/____/____	_____	_____
#2	_____	_____	_____	____/____/____	_____	_____
#3	_____	_____	_____	____/____/____	_____	_____
#4	_____	_____	_____	____/____/____	_____	_____
#5	_____	_____	_____	____/____/____	_____	_____

Emergency contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

**Draft payment by:**

**CREDIT or DEBIT CARD**

Name of Card Holder \_\_\_\_\_ Phone: \_\_\_\_\_

Card Holder Mailing Address: Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_ Visa \_\_\_ MC \_\_\_ Discover Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ CVV \_\_\_\_

Draft Amount: \$ \_\_\_\_\_ Date of Draft: \_\_\_\_\_ 15<sup>th</sup> or \_\_\_\_\_ 26<sup>th</sup> Bank Depositor/Card Holder: \_\_\_\_\_  
 Scholarships draft only on the 1<sup>st</sup>. Draft Amount \$ \_\_\_\_\_ Signature

**OR**

**CHECKING OR SAVINGS**

I, \_\_\_\_\_ hereby give authority to \_\_\_\_\_  
Name of Bank Customer Name of Bank

to honor preauthorized checks drawn by the Bath Area Family YMCA on my account for membership payments. I understand that the Bath Y will send a preauthorized check to your bank. That preauthorized check will serve as notice and receipt for payment of membership.

**Please attach a voided check or a photocopy of a check in order to use Checking account** \*we must have proof of your account in order to process your membership debit.

**or**

**For Savings Accounts ONLY:** please bring this form to your financial institution and have them complete the information below.

Savings Routing number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Draft Amount: \$ \_\_\_\_\_ Date of Draft: \_\_\_\_\_ 15<sup>th</sup> or \_\_\_\_\_ 26<sup>th</sup> Bank Depositor: \_\_\_\_\_  
 Scholarships draft only on the 1<sup>st</sup>. Draft Amount \$ \_\_\_\_\_ Signature

**YMCA-Bank and YMCA Credit Card /Debit Card Membership Payment Agreement** **PLEASE READ!!!**

1. Y-bank is a continuing membership plan. I understand that this membership will remain in effect for as long as I retain the membership card issued to me.
2. It is to my complete understanding that if I wish to cancel or change my membership in any way, **I must give the YMCA a 15-day written notice prior to my draft date.** It will be my responsibility to notify the YMCA of any changes to my account. (i.e. new account numbers, new credit or debit card numbers and expiration dates)
3. The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive at least four weeks notice prior to any such change.
4. Should any membership draft not be honored by my bank/credit card company for any reason. I realize that I am still responsible for that payment plus a service charge of \$15 applied by the YMCA. This is in addition to any service fee my bank/credit card company may charge. The rejected membership payment and service charge will be automatically resubmitted to your bank/credit card company. If there is a second rejection, you will be required to pay the membership payment and fees with an alternate form of payment and your membership may be terminated.

***I hereby authorize the Bath Area Family YMCA to draft the account indicated on the date indicated on a monthly basis until the end of the membership term (see #2 above)***

Signature \_\_\_\_\_

FOR OFFICE USE ONLY	
Member# _____	Staff Initials _____

**Bath Area Family YMCA**  
**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT *PLEASE READ!!***

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence or releases or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER and INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Maine and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

By signing below, I acknowledge that I am a member of the Bath Area Family YMCA and, as such, am supportive of its mission and its purpose. I understand that membership is non-refundable after 30 days from membership application date. I also understand that any member listed or my guests who fail to follow the established YMCA policies can be cause for the YMCA to terminate my membership privileges without refund. I also give my permission for any person listed on the membership application to receive proper medical treatment, unless otherwise noted in writing.

I HAVE READ THIS RELEASE AND AGREE TO IT FOR **MYSELF**

I AGREE TO THIS RELEASE FOR MY CHILDREN WHO ARE **MINORS**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date                      **Member's Signature (Adult 1)**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date                      **Member's Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date                      **Member's Signature (Adult 2)**

**SilverSneakers**

By signing below, I acknowledge that my insurance company has approved me for the SilverSneakers Program and Healthways will pay for my membership. If payment is not paid from Healthways and you have used the facility, you will be sent a bill from the Bath Area Family YMCA for your monthly membership.

Name \_\_\_\_\_ SilverSneakers number \_\_\_\_\_  
16 digits

**YMCA Annual Campaign Giving Opportunity**

For over 150 years the Bath Area Family YMCA has provided healthy activities and programs for community members of all ages. Our Annual Campaign, which provides scholarship assistance to as many as 600 people of all ages annually, depends on donations to sustain it and help it grow. We ask you to consider making a tax deductible investment in our community's future.

**Monthly Draft Amount (ongoing unless you notify us to stop): \$ \_\_\_\_\_ (from account above) One Time Donation: \$ \_\_\_\_\_**

Signature: \_\_\_\_\_

**Thank you for your support!**

**Photo Waiver**

I give permission for the Bath Area Family YMCA to use, display, publish, etc. photos in print and video footage of all members included on this membership participating in YMCA programs or activities. No names will be used.

Signature of 1 adult member: \_\_\_\_\_

I **Decline** permission for photo use \_\_\_\_\_