



Sumter Family YMCA MEMBERSHIP APPLICATION

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Membership Category: _____

Primary Member Information (Responsible Party):

Name: _____ Gender: M F
First Name Middle Name Last Name

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: () _____

E-Mail: _____ Birth date: _____

Race: American Indian Alaska Native African American Asian Caucasian Hispanic Other

Emergency Contact: _____ Phone: () _____

Relationship of Emergency Contact to primary member: _____

Marital Status: Single Married Divorced Separated Widow

Are you purchasing a locker? Yes No

Are you accepting an Open Doors scholarship? Yes No _____ % Expiration Date _____

Cell Phone: () _____

Employer: _____ Business Phone: () _____

If Applicable: YMCA Employee Dept: _____ Supervisor: _____

Spouse Member Information:

Name: _____ Gender: M F Birth date: _____
First Middle Last Suffix

Race: American Indian Alaska Native African American Asian Caucasian Hispanic Other

Cell Phone: () _____ E-Mail: _____

Employer: _____ Business Phone: () _____

Additional Members (Must Be Legal Dependents)

Name: _____ Male/Female Birth date: _____
Race: _____ Relationship: _____

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Race: _____ Relationship: _____

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Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

How can you do more?

When you give to our Annual Campaign, you are helping us provide our services to those in in our community in need of financial assistance to our programs and membership. With your help, we can serve more of our children, adults and seniors. Your monthly contribution is tax deductible and continues through the duration of your membership.

Please add a donation (check one) to my monthly membership:

\$10.00 \$5.00 \$3.00 Other _____ No thank you

I understand and agree to the terms.

Signature: _____

Date: _____

ADA Entrance Accommodation

We are an inclusive organization of men, women and children joined together by a shared commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility. Thus, we provide entrance accommodations to any member informing us of physical disability to gain facility access through our Youth Development Center during posted hours of operation for the purposes of utilizing the pool for health improvement.

By checking this box I, _____, request authorization on my account to access the pool through the Youth Development Center.

Reviewed and distributed entrance instructions: staff _____ date: _____

Release, Waiver and Indemnity Agreement:

I, _____,

- understand this is a continuous membership and will remain in effect until I return my card and give a 30 day written notice to discontinue my membership. _____ Initial
- have been notified that all membership and program rates are subject to change with 30 days written notice from the YMCA. _____ Initial
- understand it is my responsibility to notify the YMCA of any change in address, bank account information or credit card information. _____ Initial
- have been notified that \$25.00 will be charged to my membership account in the case of a returned payment by check, EFT or credit card. It is my responsibility to pay this fee or to provide proof of bank error in order to have this fee removed from my account. _____ Initial
- understand that all membership and joining fees, are non-refundable. _____ Initial
- give the YMCA permission to reproduce for promotional purposes, photographs of my family and/or me while in YMCA activities or programs. _____ Initial
- understand and authorize the YMCA, and assigned third party, to use my contact information for the express purpose of collecting any amount I may owe for membership or program dues. _____ Initial
- By participating in the YMCA Nationwide Membership program, I agree to release the National Council of Young Men’s Christian Association of the United State 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 loss of property, to the fullest extent of the law. _____ Initial

I agree to support the YMCA mission by exhibiting the character values of honesty, respect, responsibility, caring and faith. I acknowledge that I am responsible for following all YMCA policies and agree to adhere to the YMCA Code of Conduct. I accept responsibility for maintaining adequate insurance for myself and my family. I acknowledge that the YMCA is not responsible for injuries to myself and/or my family. I acknowledge that the YMCA is not responsible for damage or loss of personal property. I assume all the risks and hazards incidental to the conduct of the YMCA programs; I further release, absolve and hold harmless the Sumter Family YMCA, its directors, staff and officers. In case of an injury to myself or my family, I hereby waive all claims against the aforementioned parties.

I acknowledge the waiver and agreement set forth above, and wishing to join in the Sumter Family YMCA, hereby for membership and/or program participation.

Member Signature: _____ Date: _____ Staff Signature: _____

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

By signing the above, I understand that registered sex offenders are not eligible for membership or program participation and are not allowed on Y property or within premises of Y activities. 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.

For Staff use	Payment Method	EFT	Credit Card	Annual Pay in Full
		Monthly Draft	1st	10th