



# 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 Age: \_\_\_\_\_  
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: \_\_\_\_\_ Age: \_\_\_\_\_

Race: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Male/Female Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Race: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Male/Female Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Race: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Male/Female Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Race: \_\_\_\_\_ Relationship: \_\_\_\_\_

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        | 15th               |