



OWENSBORO FAMILY YMCA APPLICATION FOR MEMBERSHIP

Primary Member Information

First Name: _____ MI: _____ Last: _____
Birthday: ____/____/____ Gender: ☒ M ☐ F
Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____
Primary Phone: (____) _____ - _____ Ethnicity: _____
Employer: _____ Military Service: Yes No
Email: _____
Emergency Contact: _____ Phone: (____) _____ - _____
Key Tag: _____

Membership Type

- ☐ Youth
Ages 14-21
- ☐ Single
Age 22 & Up
- ☐ Double
1 Parent & child or 2 people in same household (one must be at least 21)
- ☐ Family
3 or more in same household (one must be at least 21)

Additional Member Information

Ethnicity

Name: _____	Relationship _____	DOB ____/____/____	Gender: M F _____
Name: _____	Relationship _____	DOB ____/____/____	Gender: M F _____
Name: _____	Relationship _____	DOB ____/____/____	Gender: M F _____
Name: _____	Relationship _____	DOB ____/____/____	Gender: M F _____
Name: _____	Relationship _____	DOB ____/____/____	Gender: M F _____
Name: _____	Relationship _____	DOB ____/____/____	Gender: M F _____

Payment Options (choose one): ☐ Annual ☒ Semi-Annual

☒ Monthly Bank Draft

My monthly draft will be on the: ☒ 8th ☐ 20th of each

Month from my ☐ checking account ☒ savings account

☒ credit card ☐ debit card

Name of Bank Account/Card Holder

*initial after each bullet

- I understand this bank draft is continuous and will remain in effect until I terminate my membership. _____
- The Board of Directors may adjust the monthly rates at their discretion. I understand that I will receive at least 2 weeks' notice prior to any such change. _____

- I understand that if I wish to terminate or change my membership in any way, I must provide the Owensboro Family YMCA written notice at least three business days before my draft date or be charged for the following month of membership. _____
- I understand a service fee of \$25 will be assessed if for any reason the funds are unavailable to cover the automatic payment. _____
- I understand that the YMCA bank draft is electronic and can be deducted from my account at any time on the draft date: therefore, funds must be available by midnight the date before the draft date. _____

Signature: _____ Date: _____

For Office Use Only

Staff: _____ Master ID: _____ Join date: ____/____/____
Monthly Rate: \$ _____ or Annual/semi-Annual Rate: \$ _____ Termination date ____/____/____

Card Type: _____ Card #: _____ Card Expiration date: _____

Checking/Savings Account #: _____ Routing #: _____ (attach voided check)

In consideration of gaining membership or being allowed to participate in the activities or programs of the Owensboro Family YMCA and to use its facilities, equipment, exercise machines, free weights, swimming pool, hot tub, or any other amenities via payment of membership or program fees, scholarship provision, or any combination thereof, I do hereby waive, release, and forever discharge the Owensboro Family YMCA and its officers, directors, agents, employees, representatives, executives, and all other from any and all responsibilities or liability for any death, injuries or damages resulting from or out of my participation in any activities, programs, events or use of said facilities equipment or other amenities of the Owensboro Family YMCA, including those caused by a negligent act or omission. The YMCA conducts regular sex offender screenings on all members, participants, and guest. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

By signing below, I hereby agree to the waiver and release above. I verify that all the information I provided is accurate and that I have read and understand the above text. I also acknowledge that I have received the Member Handbook and I understand that it is my responsibility to review and adhere to all policies listed.

Signature: _____ Date: ____/____/____

Guardian's Signature (if under age 18): _____

These are all FREE services to new members!

☐ YES, I would like to schedule an appointment!

Date: _____ Time: _____

☐ No, I am not interested in these services at this time.

WELLNESS CONSULTATION

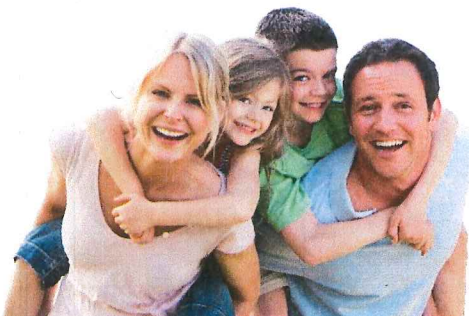
Consult with fitness staff to discuss program goals and objectives, schedule, Guidelines, and review past health and exercise history. Information is used to Develop a specific plan for individuals.

EQUIPMENT ORIENTATION

Fitness staff will develop and guide you through a general Fitness routine on cardio And weight equipment.

FITNESS ASSESSMENT

A comprehensive measurement of your current overall fitness level. The results will be analyzed and our staff will review the results with you. We will also help you develop a plan to improve or maintain your current conditions.



INVESTMENT IN MISSION

Since 1895, the Y has been helping the Owensboro community – one senior, one parent, one child at a time. We believe that positive, lasting personal and social change can only come about when we all work together to invest in our kids, our health and our neighbors. It's a fact that strong, stable, secure families form a solid foundation for the growth and success of our community. Families depend on donations from individuals and organizations. 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):

\$5 \$10 \$15 \$20 Other \$ _____

Or one-time gift of \$ _____ (invoice will can be mailed)

Signature: _____ Date: _____

PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if no, my Mother/Father/Legal Guardian has also signed below.

My Consent. For my participation in activities to be conducted by the national Council of Young Men's Christian Association of the United States of America (YMCA of the USA), and/or Owensboro Family YMCA (YMCA). I give my consent, now and for all time, to YMCA of the USA, YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast:

- Video film or footage of me,
- Soundtrack recordings of me
- Photo reproductions of me
- Any narrative account of my experience

My consent gives permission to use above materials of republication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and /or revision, throughout the world and forever.

I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions: however, my name will not be used to endorse any particular commercial products or commercial services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All uses shall belong to YMCA of the USA and YMCA and either may share them with others;
- There is no obligation of confidentiality
- YMCA of the USA, YMCA and collaborating third parties will not be liable for any use or disclosure to a third party
- YMCA of the USA and YMCA shall exclusively own all known or later existing rights to the uses worldwide.
- YMCA of the USA and YMCA can use any video film, footage, soundtrack recordings and photo reproductions of me and/or my narrative account for any purpose and without compensation to me.

_____ I give my consent.

_____ I do NOT give my consent

Signature: _____ Date: _____

Printed Name: _____ Age: _____

Address: _____

I am the Mother/Father/Legal Guardian of _____. For the Consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____

Printed Name: _____