



OWENSBORO FAMILY YMCA

APPLICATION FOR MEMBERSHIP

Primary Member Information

All information is required

First Name: _____ MI: _____ Last: _____

DOB: ____/____/____ Age: ____ Gender: M / F / U

Address: _____ Apt. #: _____

City: _____ State: ____ Zip: _____

Primary Phone: (____) _____ - _____ Ethnicity: _____

Employer: _____ Military Service: Y / N

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: (____) _____ - _____

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)

Eligible Discount

- Military Clergy
- Company: _____

Additional Member Information

| NAME | Relationship | DOB | Age | Gender | Ethnicity |
|----------|--------------|----------------|------|--------|-----------|
| 1. _____ | _____ | ____/____/____ | ____ | M F U | _____ |
| 2. _____ | _____ | ____/____/____ | ____ | M F U | _____ |
| 3. _____ | _____ | ____/____/____ | ____ | M F U | _____ |
| 4. _____ | _____ | ____/____/____ | ____ | M F U | _____ |
| 5. _____ | _____ | ____/____/____ | ____ | M F U | _____ |
| 6. _____ | _____ | ____/____/____ | ____ | M F U | _____ |

** Additional members 18+ may be required to provide proof of residency

Payment Frequency (choose one):

- Annual Semi-Annual
- Monthly

Payment Method (choose one):

- Invoice- due by the 10th of each month
- Auto Draft: 8th 20th of each month from
 - EFT/bank account
 - Credit/debit card

- 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. _____

- 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. _____

I understand & agree (initial):

- This bank draft is continuous and will remain in effect until I terminate my membership. _____
- The YMCA 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. _____

- A service fee of \$25 will be assessed if for any reason the funds are unavailable to cover the automatic payment. _____

Signature: _____

Date: _____

OFFICE USE ONLY

Photo ID confirmed: _____

Master ID: _____

Join date: ____/____/____

Residency confirmed: _____

File made date: _____

Staff Initials: _____

Updated: Oct 2023

FREE CONSULTATION

- YES, I would like to schedule an appointment!
- No, I am not interested in these services at this time.



WELLNESS CONSULTATION: Consult with fitness staff to discuss program goals and objectives, 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.

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
\$_____

One-time gift of \$_____ (invoice will be mailed)



Photo/Audio Visual/Narrative Release

For my participation in activities conducted by Owensboro Family YMCA, I give my consent, now and for all time, to YMCA of the USA, Owensboro 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, and/or any narrative account of my experience. My consent gives permission to use the above materials for publication, sale or exhibition in promotions, advertising, education, and legitimate business uses. 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. Consent is assumed unless initialed.

_____ I do NOT give my consent

Signature: _____ Date: _____

Liability Waiver and Release

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 guest fee, 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, executors, and all others from any and all responsibilities or liability for any death, injuries, or damages resulting from or out of my participation in any activity, program, event, or use of said facilities equipment from or omission.

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.

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 further agree to hereby adhere to all policies and procedures set by the Owensboro Family YMCA.

Signature: _____ Date: ____/____/____

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