



## Bucyrus Area YMCA Membership Application

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### CONTACT INFORMATION

Date \_\_\_/\_\_\_/\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Sex(Circle) M F Date of Birth \_\_\_/\_\_\_/\_\_\_ Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Employer \_\_\_\_\_ Spouse Employer \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Additional Members:

	First Name	Last Name	Date of Birth	Sex	Relationship
1.					
2.					
3.					
4.					
5.					
6.					

### EMAIL

I authorize the YMCA to send me updates via email regarding YMCA classes, events, and programs. The YMCA does not share email lists with other businesses or individuals.

1.) Email \_\_\_\_\_ 2.) Email \_\_\_\_\_

### INTERESTS

I am:

\_\_\_ a regular exerciser looking for a new facility

\_\_\_ a non-exerciser considering starting

\_\_\_ a former exerciser ready to start again

\_\_\_ interested in the YMCA for other reasons

Interests (Check all that apply)

#### Adult Programs

- \_\_\_ Group Exercise
- \_\_\_ Personal Training
- \_\_\_ Strength Training
- \_\_\_ Water Exercise

#### Youth Programs

- \_\_\_ Child Care
- \_\_\_ Day Camp
- \_\_\_ Gymnastics
- \_\_\_ Sports
- \_\_\_ Swim Lessons
- \_\_\_ Swim Team
- \_\_\_ Teen Programs

### VOLUNTEER

Would you be interested in volunteering?

Yes No

- \_\_\_ Fundraising
- \_\_\_ Special Events
- \_\_\_ Youth Sports

Other areas of interest:

### MEMBERSHIP TYPE

Household

\* One or two adults and their dependent children, up through (23) living in the same household

Single Parent Household

Adult

Couple

Youth

Health Center (additional charge)

### HOW DID YOU HEAR ABOUT US?

- Word of mouth (Family, Friend, YMCA staff, etc.)
- TV or Radio
- Website
- Brochure/Flyer
- Social Media (Facebook, Twitter, etc.)
- Billboard
- YouTube

## MEDIA RELEASE

I assume full responsibility for removing myself from any media opportunities that I do not wish to participate in. I hereby grant to the YMCA the unrestricted right to use and publish photographic images or video of me, or in which I may be included, for marketing materials, YMCA websites or YMCA social networks, editorial trade advertising, and any other lawful purpose related to the YMCA. Signature \_\_\_\_\_ Date \_\_\_\_\_

## LIABILITY

I hereby accept all responsibility for, and assume the risk of any injury or damage to my person or dependent children which might arise directly or indirectly as a result, or in participation in a Bucyrus YMCA program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the YMCA, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including but not limited to, the Board of Trustees of the YMCA, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors, and assigns. I understand that the Bucyrus YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises. I acknowledge that I have received a copy of the YMCA Member Code of Conduct and will abide by its provisions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## CODE OF CONDUCT

Together we can all do more to help strengthen our community. All members are expected to adhere to the YMCA code of conduct at all times while participating in YMCA programs. I understand that membership may be revoked for conduct that conflicts with the code of conduct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## ELECTRONIC FUNDS TRANSFER

I authorize my bank to make payment by a preauthorized check and post it to my account. Please check only one:

Checking  Savings

Name(s) on Account: \_\_\_\_\_

Transit Routing # \_\_\_\_\_ Name of Bank: \_\_\_\_\_

Account # \_\_\_\_\_

Debit  Credit

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ V-code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Please initial indicating that you have read and understand each:

\_\_\_ I understand the YMCA Board of Trustees may, at their discretion, adjust the monthly rate applicable to my membership category. I understand that I will receive a notice 30 days prior to any such change.

\_\_\_ I understand that any draft returned for any reason may be collected electronically by a third party and will also be charged a service fee which will also be electronically debited. This is in addition to any fees charged by my bank. The YMCA reserves the right to cancel my membership due to unpaid returned drafts.

\_\_\_ I understand that if my draft information or my credit card is lost, stolen, expired or changed, I am to notify the YMCA immediately so that I do not incur any returned payment fees.

\_\_\_ I understand cancellations must be made 15 days prior to the draft date to not be charged for the next month and Memberships are not refundable or transferable.

Date \_\_\_\_\_ Signature \_\_\_\_\_