

Wayne County YMCA Membership Application

Please Print

Last Name		First Name		Middle Initial	Sex __ Male __ Female
Date of Birth / /	Race (Optional)	Marital Status __Single __Married		Home Phone	Email for Newsletters
Home Address	Street	Apt. Number		City	State Zip Code
Emergency Contact			Relationship		Phone
Fill out for Family Membership ONLY:		Spouse Name		Date of Birth / /	Sex __ Male __ Female
Family includes husband, wife & children under 19& full-time college students under 23 yrs. - CHECK box in corner if college student.			Child's Name	Date of Birth / /	Sex __ Male __ Female <input type="checkbox"/>
Child's Name	Date of Birth / /	Sex __ Male __ Female <input type="checkbox"/>	Child's Name	Date of Birth / /	Sex __ Male __ Female <input type="checkbox"/>
Child's Name	Date of Birth / /	Sex __ Male __ Female <input type="checkbox"/>	Child's Name	Date of Birth / /	Sex __ Male __ Female <input type="checkbox"/>

Membership Agreement

In consideration of the YMCA's permission to use its facilities, it is agreed that the participant who is signed below and all applicants included in this membership will obey the rules and regulations at all times while participating in any YMCA programs.

It is further agreed that failure to abide fully & completely with these rules & regulations will entitle the YMCA to terminate the undersigned participants rights to participate in any program without advance notice & without any obligation on the part of the YMCA to refund any moneys paid by the participants to participate in these programs. Participants agree to assume all financial responsibilities of membership dues in a timely manner as set by the Y.

It is further understood that I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive and release any and all rights to or claims for damages I may have against the YMCA for any and all injuries suffered by me or others included in this membership in any program.

I grant the Wayne County YMCA, its agents and the news media the right to photograph my family and me, including children, and to use the photographs for promotional or news purposes and the right to record our voices or to note our comments to use for promotional purposes on television, newspaper, magazine or radio news. I also warrant the rights granted herein do not conflict with any existing commitments on my part.

YMCA MEMBERSHIPS ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

Applicant Signature

Date

For Office Use Only: (Revised 11/21/08)

Type of Membership:	
__ Preschool __ Jr. Youth __ Sr. Youth __ Adult __ Family __ One Month __ New __ Renewal	
Payment Plan: __ Joiner Fee __ In Full __ 2 month __ 3 month __ 4 month __ ACH (bank draft) __ Monthly Payments	
Staff Member _____	Initial Payment Amount _____
Type of Payment _____	Date _____
Expiration Date _____	_____
__ Money Entered	__ Membership Card Processed
__ White Card Processed	__ Entered in Computer
__ Attendance Sheet	