



YMCA OF HARRISON COUNTY MEMBERSHIP FORM

Unit #: _____ Tour: _____
 Welcome Letter: _____ Orientation: _____
 Nat. Sex Offender Reg. _____ MyCase: _____
 MS Staff: _____

Primary Adult Member's Name: _____
First Middle Last

Date of Birth: _____ Age: _____ Gender: M F

Mailing Address: _____
House Number and Street Name City State Zip Code

Home Phone: _____ Cell Phone: _____

Email Address: _____

Ethnic Origin: Asian/Pacific Islander Black/African American Alaska Native
 Hispanic/Latino Native American White/Caucasian

Unit's Emergency Contact: _____
First Name Last Name Phone Number

Additional Adult Member's Name: _____
First Middle Last

Date of Birth: _____ Gender: M F Cell Phone: _____

Email Address: _____

Ethnic Origin: Asian/Pacific Islander Black/African American Alaska Native
 Hispanic/Latino Native American White/Caucasian

IRS Claimed Dependent's Names (for household, one adult plus and youth memberships only)

IRS Claimed Dependent's Name: _____
First Middle Last

Date of Birth: _____ Gender: M F

Ethnic Origin: Asian/Pacific Islander Black/African American Alaska Native
 Hispanic/Latino Native American White/Caucasian

IRS Claimed Dependent's Name: _____
First Middle Last

Date of Birth: _____ Gender: M F

Ethnic Origin: Asian/Pacific Islander Black/African American Alaska Native
 Hispanic/Latino Native American White/Caucasian

IRS Claimed Dependent's Name: _____
First Middle Last

Date of Birth: _____ Gender: M F

Ethnic Origin: Asian/Pacific Islander Black/African American Alaska Native
 Hispanic/Latino Native American White/Caucasian

IRS Claimed Dependent's Name: _____
First Middle Last

Date of Birth: _____ Gender: M F

Ethnic Origin: Asian/Pacific Islander Black/African American Alaska Native
 Hispanic/Latino Native American White/Caucasian

MEMBERSHIP TYPE (please check one)

Household One Adult Plus Two Adults Adult Senior Youth

Membership Type	Joining Fee	Monthly Draft
Household (Two adults plus all IRS claimed dependents)	\$60	\$59
One Adult Plus (One adult plus all IRS claimed dependents)	\$60	\$44
Two Adults (Two adults only)	\$60	\$49
Adult (One adult 23 or older)	\$30	\$38
Senior (62 or older)	\$30	\$31
Youth (Ages 12 - 22)	\$30	\$24

BILLING VERIFICATION AND AUTHORIZATION

I understand that payments of the non-refundable joining fee and first months membership fee are due in full at time of joining. I understand a credit card, debit card, or bank account information is required to set up my membership and that my method of payment will be processed automatically each month or time period chosen.

Method of Payment: Credit/Debit Card Checking/Savings Account Electronic Funds Transfer

I understand that I must pay for my membership on a monthly basis but that I may pay for multiple months at a time. Should I choose to pay for multiple months at a time, I understand that I will pay for the same amount of months each time through my automatic method of payment.

Frequency of Payment: Monthly 6 Months 12 Months

MEMBERSHIP CANCELLATION/CHANGES NOTICE AND PHOTOGRAPHY RELEASE

I understand should I choose to cancel, hold or alternate my membership, I must do so at the Member Service Desk before the first day of the month in which I wish the changes or cancellation to be effective.

I understand that the YMCA of Harrison County Board of Directors may, at their discretion, make adjustments to the monthly membership fee, joining fee, hours of operation or structure of the YMCA of Harrison County.

I understand that refunds are not based on previous usage and/or non-usage of the facility.

Pictures taken during care may be used for marketing purposes. I understand this specific photography release may be revoked by me at any time by written request.

INVEST IN OUR CAUSE. DONATE TODAY

I would like to give others the opportunity to a part of the Y. I authorize the YMCA of Harrison County to add the indicated amount to my monthly draft to support my community.

\$50.00 \$25.00 \$10.00 \$5.00 \$1.00 Other Amount: \$ _____

PAYMENT AUTHORIZATION AGREEMENT

Should any payment not be honored by my credit card or bank, I realize that I am still responsible for my membership payment plus a \$20 service charge applied by the collection service and that this is in addition to any service fee my credit card company or bank may apply for any reason.

I agree to check my credit card/bank statements regularly and will promptly notify the YMCA of Harrison County should a discrepancy arise. I understand that refunds/adjustments are not given for discrepancies beyond 90 days.

By signing, I have read, understand, and agree to the information on this form and I authorize the YMCA of Harrison county to initiate credit card payment or electronic bank draft for payment of my membership. It is my complete understanding that if I wish to terminate or change my membership in any way, I must give written notice to the YMCA of Harrison County by the last day of the month for changes to go into effect on the first of the next month.

Printed Name As It Appears on Bank Account/Credit or Debit Card _____

Signature _____

Today's Date _____

VOLUNTEER INFORMATION

The Y is a volunteer driven organization. Volunteers can help with special events, programs, classes, member services, fundraisers and much more.

Are you interested in becoming a volunteer at the Y? YES NO

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in YMCA of Harrison County activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence the YMCA of Harrison County and its owners, directors, officers, employees, agents, volunteers, participants, sponsors and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in YMCA of Harrison County activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless Releasees from any and all claims, demands or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so in the state where the Releasees' facility is located and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participating in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

In the event I cannot be reached in an emergency, I hereby give permission to the director or their designee to secure emergency medical services, including transportation and a physician. I also give permission to the attending physician to order injection, anesthesia or surgery for myself and/or my child/children as named. Medical and accident insurance is at the responsibility of participant/member.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign the release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain.

I have read and understand this document and I agree to be bound by its terms.

Printed Name

Signature

Today's Date

PARENT OR GUARDIAN ADDITIONAL AGREEMENT (must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) being permitted to participate in this activity. I further agree to the understanding of the Release, Indemnification and Hold Harmless Agreement.

Parent's or Guardian's Printed Name

Parent's or Guardian's Signature

Today's Date

CODE OF CONDUCT

YMCA of Harrison County staff, employees, volunteers, members, participants, and guests are to act appropriately and maturely, behave responsibly and respect others. Our Code of Conduct outlines prohibited action, but is not an all-inclusive list of behaviors considered inappropriate in our facilities or when participating in our programs.

- Use or possession of alcohol, tobacco or illegal chemicals is prohibited on YMCA of Harrison County property or at sponsored programs.
- Carrying or concealing a weapon or any device or object that may be used as a weapon.
- Harassment or intimidation by words, gestures, body language or any type of menacing behavior.
- Physical contact with another person in an angry, aggressive or threatening way.
- Verbally abusive behavior, including angry or vulgar language, searing, name-calling or shouting.
- Sexually explicit conversation or behavior; any sexual contact with another person; and wearing inappropriate, immodest or sexually revealing attire.
- Theft or behavior that results in the destruction or loss of property.
- Loitering within or on the grounds of the YMCA of Harrison County.
- Use of video recorders, cameras or any other visual recording devices in the restrooms or locker rooms or using one of these devices inappropriately.
- Individuals who have been convicted of any crime involving sexual abuse, is or has been a registered sex offender or is presently under the influence of dangerous drugs or chemicals, narcotics or intoxicating beverages.

My signature constitutes that I have had sufficient time to read this entire document and that I agree to uphold the YMCA of Harrison County's Code of Conduct. I understand that any violation of this Code of Conduct may result in suspension or termination of membership, program participation and/or visiting privileges to the YMCA of Harrison County.

Printed Name

Signature

Today's Date

PARENT OR GUARDIAN ADDITIONAL AGREEMENT (must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) being permitted to participate in this activity. I further agree to the understanding of the Code of Conduct.

Parent's or Guardian's Printed Name

Parent's or Guardian's Signature

Today's Date