

MEMBERSHIP INFORMATION

Individual (age 13-24)

Individual (age 25-64)

Two Person Household

Senior Adult

Family

Senior Family

We reserve the right to request proof of dependent children by way of 1040 tax forms.



PRIMARY MEMBER

First Name		Last Name		Date
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Race (for nonprofit reporting purposes) <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		
Address, City, State, Zip Code		Cell Phone	Home Phone	
Email				
Employer				
Emergency Contact		Emergency Contact Phone		

SECOND ADULT

First Name		Last Name		
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Relationship to Primary	Race (for nonprofit reporting purposes) <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	
Address, City, State, Zip Code		Cell Phone	Home Phone	
Email				
Employer				
Emergency Contact		Emergency Contact Phone		

DEPENDENTS/ADDITIONAL RELATIVES LIVING IN THE HOUSEHOLD

First Name	Middle Initial	Last Name	Date of Birth	Gender	Race*	Relationship

*For nonprofit reporting purposes

How did you hear about us?

Friend

TV

Radio

Website

Mailing

Facebook

Email

Flier

Event

Other

BANK DRAFT/EFT ACTIVITY AUTHORIZATION

Date to be Drafted Each Month <input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th	BANK DRAFT <input type="checkbox"/> Checking <input type="checkbox"/> Savings
ELECTRONIC FUNDS TRANSFER <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER	
<p>TO THE Y IN CENTRAL MARYLAND (herein referred to as the Y): I have given my authority to the above named bank/credit card company to honor pre-authorized drafts drawn by the Y on my account for the activity payments indicated above. It is understood that the Y's transmission of a preauthorized draft to the bank as payment becomes due and shall constitute valid notice of such payment due on the above named activity. When the bank/credit card company honors the draft by charging my account, such draft shall constitute my receipt for the payment. Should any preauthorized draft not be honored by said bank/credit card company when received by them, then it is understood that the payment is to be made by me within 15 days in the amount of said payment plus a service fee of \$25 applied by the Y. Bank Draft/Electronic Fund Transfer (EFT) for membership is a continuous plan. I understand the membership payment will remain in effect until I initiate its termination and that I will receive temporary cards for the balance of the time I have paid or will be paying. Bank Draft / EFT for a charitable contribution is not a continuous plan. I understand that payment withdrawals will remain in effect until I have paid the full balance of my contribution. Thereafter, the bank draft / EFT will stop.</p>	

Signature of Primary Member/Parent or Guardian (if under 18) _____ Date _____ Signature of Second Adult Member _____ Date _____

WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT

In consideration for use of the YMCA facilities and participation in YMCA programs, I understand that the Y in Central Maryland assumes no responsibility for injuries or illnesses which I (or my dependents) may sustain as a result of my physical condition or resulting from participation in any athletic activities, sports program, the use of any equipment, exercises or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from participation in these activities. I hereby release and discharge the Y in Central Maryland, its agents, assigns and/or employees from any and all claims for injury, illness, death, loss or damage which may result from my participation in these activities. I understand that the Y in Central Maryland is not responsible for personal property lost or stolen while members and/or program participants are using Y facilities or on Y premises.

Bank Draft / EFT Membership / Charitable Contribution Agreement 1. I understand the Bank Draft/EFT for membership is a continuous plan. I understand the membership payment will remain in effect until I initiate its termination and that I will receive temporary cards for the balance of the time I have paid or will be paying. I further understand that all account information changes must be given to the Y with 30 days written notice in advance of the date I want the change to occur. 2. The Y in Central Maryland Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership at any time. I understand that I will receive at least thirty (30) days notice prior to any such changes. 3. The Y service charge is in addition to any service fee my bank may take. I understand that the draft may be resubmitted to my bank at the next available Y draft date to collect for that draft payment. 4. I understand that after one unpaid draft, the Y will terminate my membership and/or charitable contribution until I have brought all payments up to date.	Bank Draft / EFT Cancellation Policy After the first 30 days of bank draft/EFT for membership and/or charitable contribution, you to cancel the remainder of your bank draft/eft agreement at any time by giving the Y written notice 30 days in advance of the date you want to cancel. All fees paid for membership, including joining fees are non-refundable.	Picture Waiver I give my permission to the Y in Central Maryland to use, without limitation or obligation, photographs, video footage, or tape recordings which may include my (or my dependent's) image or voice for purposes of promoting and/or interpreting Y programs.	Membership Handbook I understand that the Y in Central Maryland Member Handbook is available on ymaryland.org and I agree that I and those on my membership account will follow the policies and procedures outlined in the handbook, including the Y's policies on denying membership to registered sex offenders.
Initial	Initial	Initial	Initial

I HAVE READ AND AGREE TO THE ABOVE WAIVERS, RELEASE AND HOLD HARMLESS AGREEMENT

Signature of Primary Member/Parent or Guardian (if under 18) _____ Date _____ Signature of Second Adult Member _____ Date _____