

Staff Initials _____ All Fees Are Non Refundable Date of Application _____ Time _____

HENDERSON COUNTY FAMILY YMCA – Membership Application

FOR STAFF ONLY

Master Person ID _____ Joining Fee Paid _____
Membership Type _____ Membership Fee Paid _____

** MAIN MEMBER INFORMATION **

Last Name _____ First Name _____ M.I. _____

Mailing Address _____

Street or PO Box _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Gender: _____ Male _____ Female _____ Date of Birth ____/____/____

Place of Employment or School _____ Email Address _____

Emergency Contact Name _____

Emergency Contact Phone# _____

Other Family Member Information

(Married Couples, Families, & Single Parent Families including children up to age 22 and Full-Time College Students)

Family type memberships with different last names will be asked if they are legally married

Name	Gender	D.O.B.	Employer/School	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Payment Method (check one only)

____ Bank Draft (Attach voided check or deposit slip) Draft day is 15th of each month

Bank Draft is a month-to-month membership – requires 30 day written notice to stop payment.

Bank will draft on the next business day if 15th is on a Saturday or Sunday.

____ Annual/full pay – 12 month membership with no refunds, credits or transfers to other persons.

____ Payroll deduction – Employer must be willing to send fee to YMCA each month.

Payroll deduction continues monthly until Y is notified in writing and employer is notified in writing by Employee.

Waiver & Hold harmless Agreement

I, the undersigned on my behalf as well as those of my family, do hereby understand and fully accept, upon reading this waiver and release agreement, that I or any member of my family listed above, could suffer a serious or fatal physical injury: a heart attack or a stroke: injured, become paralyzed or die due to my/our participation in the use of any YMCA facilities, programs or equipment, either as a participant- due to my or our participation in either the general or specific use of any YMCA facilities, programs, or as a spectator, and that I agree to hold harmless the YMCA, its employees and volunteers against any and all claims, demands, damages, rights of action or cause of action, present or future, arising out of or connected with my/our participation, or as a spectator, in any YMCA activities/programs/equipment use or general use of any YMCA facility areas:

All membership fees are non-refundable:

Main Members Signature _____ Date _____

Must be parent or Legal Guardian signature for Youth membership under age 18

Parent or Adult Guardian Signature _____

Email Address _____

The YMCA conducts regular sex offender screenings on all members, participants, and guest. If a sex offender match occurs, the YMCA reserves the right to cancel Membership, end program participation, and remove visitation access.