

# LAKELANDS REGION YMCA-LAURENS MEMBERSHIP APPLICATION



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

THE Y IS A NONPROFIT ORGANIZATION DEDICATED TO ACCESS, INCLUSION AND ENGAGEMENT FOR ALL.

## FOR OFFICE USE ONLY

MEMBERSHIP TYPE: \_\_\_\_\_

PAYMENT METHOD: \_\_\_\_\_

JOINER FEE: \$ \_\_\_\_\_  
MONTHLY DRAFT \$ \_\_\_\_\_  
TOTAL AMOUNT PAID \$ \_\_\_\_\_

VOIDED CHECK ATTACHED: \_\_\_\_\_  
STAFF INITIALS: \_\_\_\_\_

## PRIMARY ADULT MEMBER

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Sex (circle) M F Date of Birth \_\_\_/\_\_\_/\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## ANNUAL CAMPAIGN

Yes, I wish to support the LAURENS YMCA' Annual Campaign with a donation. Please draft:  
\$ \_\_\_\_\_/Month \$ \_\_\_\_\_/Year on \_\_\_\_\_ (date)

Member Signature: \_\_\_\_\_

## SPOUSE INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Sex (circle) M F Date of Birth \_\_\_/\_\_\_/\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

## CHILDREN

1. _____	_____	Date of Birth ___/___/___	Sex: _____
2. _____	_____	Date of Birth ___/___/___	Sex: _____
3. _____	_____	Date of Birth ___/___/___	Sex: _____
4. _____	_____	Date of Birth ___/___/___	Sex: _____
5. _____	_____	Date of Birth ___/___/___	Sex: _____
6. _____	_____	Date of Birth ___/___/___	Sex: _____

Family plan includes husband and wife, plus children through grade 12, as well as full time college students (12 hour minimum) through age 22. Family members must be all the same immediate family or a legal dependent. Family members living in different homes or roommates DO NOT COUNT as a family unit.

*\*Financial assistance is available for those who need it.\**

## MEMBERSHIP AGREEMENT

The LAURENS YMCA is a charitable not-for-profit membership organization. Dues are paid by the monthly bank draft plan or in full for a year. Joining fees are non-refundable processing fee. I understand the Y will have no liability or responsibility for any personal injuries, or loss or damage to personal property, sustained by the member while using the Y facilities. Membership card must be presented to enter facility. Any member who loans their membership card to another individual will be subject to loss of membership privileges.

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

Member Initials \_\_\_\_\_

## FULL PAYMENT AGREEMENT

Memberships paid in full are invoiced for annual renewal approximately 30 days prior to and are payable on Y renewal date. If I allow my membership to lapse for more than 30 days beyond my renewal date and I decide to rejoin later, I will be considered a new member and I will be subject to paying the first year joining fee in addition to my annual dues. Dues and joining fees are non-refundable.

Member Initials \_\_\_\_\_

## MONTHLY DRAFT

### TERMS AND CONDITIONS

I understand that this is a continuous membership plan and that this membership will remain in effect for as long as I retain the membership card issued to me. I understand that if I wish to terminate or change my membership in any way, I must give the Y a 30-day written notice. I understand that I must turn in all my membership cards upon termination, and that I will receive temporary cards for the balance of the time I have paid for or will be paying for. The Y Board of Directors may, at their discretion adjust the monthly rate applicable to my category of membership once per year. I understand that I will receive notification at least four weeks prior to any such change. Should my bank for any reason not honor my membership deduction, I realize that I am still responsible for that payment, **plus a service charge applied by the Y. This is in addition to any service fee my bank may make.** I understand that it is my responsibility to notify the Y with 3-day written notice should I change my financial institution at any time. Membership cards remain the property of the Y and must be surrendered upon request.

Member Initials \_\_\_\_\_

## AUTHORIZATION

I hereby authorize the LAURENS YMCA to initiate electronic entries in my: (Circle One)

CHECKING ACCOUNT

SAVINGS ACCOUNT

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

## MEDIA RELEASE

I give permission for photographs/video to be taken of me, my spouse and/or my child during normal program activities to be used in YMCA promotional materials without thought of remuneration. I authorize the LAURENS YMCA to utilize videotape, audio or photograph materials of myself or dependent children, for the purpose of promotional materials for YMCA programs and services. This includes any printed material, broadcast and print advertising, promotional videos and the YMCA website which are produced or published by the YMCA. I also permit the YMCA and/or the media to use images of me or my child in broadcast and print media news coverage of the YMCA. I understand that my child's name is not published.

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

## INFORMED CONSENT FOR EXERCISE

I desire to engage voluntarily in the Y exercise program and/or the use of the Y's facility and equipment in order to improve my physical fitness. I understand that some activities are designed to place a gradually increasing work-load on the cardio respiratory system and to thereby attempt to improve its function. The reaction of the cardio respiratory system to such activities cannot be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand that the purpose of an exercise program is to develop and maintain cardio and respiratory fitness, body composition, and muscular strength and endurance. Specific exercise programs include warm-up, exercise at target heart rate, and cool-down. The programs may involve walking, jogging, swimming, or cycling (outdoor and stationary), participation in exercise fitness, rhythmic aerobic exercise, or choreographed fitness classes or calisthenics or strength training. All programs are designed to place a gradually increasing work-load on the body in order to improve overall fitness. The rate of progression is regulated by exercise target heart rate and perceived effort of exercise.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should an unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise program. I also affirm that I have been given an opportunity to ask questions concerning an exercise program, the facility, and the various machines at the Y and that my questions have been answered to my satisfaction.

I understand that medical clearance is not required to participate in Y activities or to use the facility, however, I also understand that it is in my best interest to seek medical clearance before using the Y's facility or before participating in any Y exercise program. In the event that a medical clearance must be obtained for any reason prior to my participation in the exercise program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program and to give a copy of my doctor's statement to the Y.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment. I acknowledge that I have either had a physical examination and been given my physician's permission to participate in Y programs, or that I have decided to participate in activities and to use Y equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Also, inconsideration for being allowed to participate in the Y exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless the Y and its staff members conducting the exercise program from any and all claims, suits, losses, or related causes of action for damages, including but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising from the exercise program.

Member Signature \_\_\_\_\_

Date \_\_\_\_\_