VIGO COUNTY YMCA

Membership Application

Office Use Only	Membership Code:	Exp. Date

	Youth (6-13)		Adult		Single Parent (Household)		Family
	Young Adult (14-19)		Senior Citizen (62 and older)		Couple (Married)		Senior Couple

Payment Option		Annual Payment		Monthly Bank Draft		Semi annual		Quarterly

Billing Name or First Adult	First Name	Middle Initial	Last Name	
Home Address	Street	City	State	Zip
Home Phone		**Date of Birth**		
Employer		**Work Phone**		
Second Adult	First Name	Middle Initial	Last Name	
Date of Birth				
Employer		**Work Phone**		

Dependants

Name	Middle Initial	Last Name	Birth Date	Sex
1.				
2.				
3.				
4.				
5.				

Cell Phone		**Alternate Phone #**	
Emergency Contact	Name	Phone #	Relationship to you

Allergies/Medical Conditions (indicate who)

Email address: You will receive one or 2 emails per month with updates about the YMCA.

ANY BEHAVIOR NOT CONSISTENT WITH THE PURPOSE AND CONSTITUTION OF THE YMCA MAY RESULT IN A LOSS OF YOUR VIGO COUNTY YMCA MEMBERSHIP

1. I (we) understand that children under the age of 6 must stay with a parent/designated adult while in the facility. I (we) understand that children under the age of 10 must have a parent/designated adult on site during use of the facility.
2. I (we) understand that children must be 14 and older to use the fitness rooms.
3. Even though these rules and policies have been explained to me, I am ultimately responsible for familiarizing myself with the rules and policies of the YMCA. I will inform all members of my family of these rules and policies.
4. Classes and programs are subject to changes, including cancellation if low enrollment should occur.
5. Memberships are on a one year basis. ACH memberships will automatically be renewed unless we are notified by the member at the end of the membership year that he/she wishes to terminate their membership. ACH memberships are not to be mistaken for a monthly membership plan. When committing yourself to a membership, please understand that you are committing yourself for an entire year.
6. I (we) understand that there will be a $20.00 charge if my check or ACH payment is returned because of insufficient funds, closed account status or stop in payment. I (we) understand that if our checking account draft is returned unpaid, it will be collected by eCashflow systems electronically with an additional $20.00 fee when funds become available. I (we) do not have any questions regarding this agreement.
7. I (we) understand that all members are required to carry and show their membership card at the front desk on every visit. Membership replacement cards are $5.00.
8. I (we) understand that memberships are nonrefundable and nontransferable.
9. The applicant agrees to abide by all rules and regulations of the YMCA of Clay County and understand failure to act in accordance with the rules may result in expulsion from the YMCA and cancellation of membership without reimbursement. The basic code of conduct encompasses the YMCA's Character Development values: RESPECT, RESPONSIBILITY, CARING and HONESTY.

Release Form

My signature verifies that I (we) agree not to hold the YMCA of Clay County responsible for any accident or injury or property damage incurred while using the YMCA facilities and further agree to indemnify and save them harmless from any loss cost or expense arising out of any such accident or injury sustained on their premises, or from any use of their equipment.

_____ _____

Signature Date