



# RACINE FAMILY YMCA

## MEMBERSHIP APPLICATION

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

PRIMARY MEMBER INFORMATION				SWIPE CARD #	
First Name	MI	Last Name	<input type="radio"/> Male <input type="radio"/> Female		Date of Birth
Address		Apartment #	City	State	ZIP
Primary Phone ( )		Secondary Phone ( )		Cell Phone ( )	
Email address (1): primary member		Email address (2): secondary member		Cell Phone Provider – to be used for text alerts	
Emergency Contact		Relationship		Emergency Phone	

**ADDITIONAL FAMILY MEMBERS:** add adult members, then children

Family	Name	M/F	Date of Birth	Relationship
02				
03				
04				
05				
06				
07				

**EPAY INFORMATION: Permission to Draw Preauthorized Bank Drafts for Membership Payment\*\*\***

I hereby authorize my financial institution to honor preauthorized bank drafts drawn by Racine Family YMCA on my account for membership payments as indicated. When the bank honors the bank draft by charging my account, such bank draft will constitute receipt of payment. Should any preauthorized bank draft not be honored by said bank when received by them, then it is understood that the payment is to be made by you in the amount of said payment. Monthly dues are drafted automatically from my account on my enrollment date each month. A \$25 NSF service charge will be incurred for all checks or bank draft payments returned to the YMCA due to non-sufficient funds, for closed accounts or for stopped payments. **Any changes made to your account must be done at least five (5) days prior to the draft date, to be effective for that month.** Please review your bank or credit card statement to verify that withdrawals are correct. Refund adjustments will not be made after two months. I understand that the account holder is responsible to inform the YMCA of any changes or the cancellation of my account and will be responsible for payment.

Select one:	<input type="radio"/> Credit <input type="radio"/> Debit	Card number XXXX – XXXX – XXXX – _____	Expiration Date
Checking Account	<i>Voided Check Must Be Provided</i>	Checking Account: last 4 digits of account #	Bank Name
Account holder's signature:			

**Membership Agreement: Primary member is signing on behalf of all people on this membership**

I agree to the purpose of the RACINE FAMILY YMCA and it's four core values of Honesty, Respect, Caring and Responsibility, and to abide by the rules and regulations established by the Board of Directors. I understand that after purchase, my membership is non-refundable and non-transferable. I further understand my membership card is the property of the RACINE FAMILY YMCA and that all rates, fees, and schedules are subject to change without notice. In consideration of my participation in the activities of the RACINE FAMILY YMCA, I do hereby agree to the HOLD HARMLESS RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT, IMAGE PERMISSION WAIVER and MONTHLY waiver on the back page. I hereby do declare myself to be physically sound, having medical approval to participate in the activities of the RACINE FAMILY YMCA. A member is a person who agrees to cooperate with others in the accomplishment of the YMCA's accepted purpose, recognized the fact that membership embraces all types of members and involves identification with a worldwide fellowship, and, after due application, is individually enrolled in the Association. I also understand that this application will be stored electronically and the original will be set to shred.

Primary Member Signature of Agreement:	Date:
--	-------

STAFF USE ONLY					
<input type="checkbox"/> Lakefront Branch	<input type="checkbox"/> New Membership	<input type="checkbox"/> One Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> Scholarship: 25%	<input type="checkbox"/> Courtesy
<input type="checkbox"/> Sealed Air Branch	<input type="checkbox"/> Renew Membership	<input type="checkbox"/> Two Adult Household	<input type="checkbox"/> College	<input type="checkbox"/> Scholarship: 40%	<input type="checkbox"/> 3 <sup>rd</sup> party
<input type="checkbox"/> YMCA Transfer	<input type="checkbox"/> Returning Member	<input type="checkbox"/> One Adult w Children	<input type="checkbox"/> Senior: 62+		
	<input type="checkbox"/> Member: Grp Transfer	<input type="checkbox"/> Two Adult w Children	<input type="checkbox"/> Senior Household		
		<input type="checkbox"/> Three Adult w Children			

Staff Initials:	Group Discount code:	Group Discount:	Staff Verification	Member Copy	Raptor verified	Drivers License verified
Transfer from:	Transfer to:	Transfer Date:	**Scan to ActiveNet	ID number (SS, S&F, OPTUM)	Insurance	Verified
Join (effective) date	End date (if annual)	Next bill date:	Monthly/ Annual Amount:	<input type="radio"/> Annual <input type="radio"/> Bank Draft <input type="radio"/> Payroll Deduct		



# RACINE FAMILY YMCA

## MEMBERSHIP APPLICATION

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### HOLD HARMLESS RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT \_\_\_\_\_ Primary Member Initials

- I acknowledge that participating in RACINE FAMILY YMCA 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.
- I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releases. 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.
- I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releases 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 Releases or anyone acting on their behalf be required to incur attorneys fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 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.
- In the event that I file a lawsuit, I agree to do so in the state where Releases facility is located, and I further agree that the substantive law of that state shall apply.
- 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.
- 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.
- *By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities and from any liability for other claims, including loss of property, to the fullest extent of the law.*

By signing this document, I agree that if I am hurt or my property is damaged during my participation 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.

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 this 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 understood this document and I agree to be bound by its terms.

### IMAGE PERMISSION WAIVER - PHOTO AND VIDEO/AUDIO RECORDING RELEASE \_\_\_\_\_ Primary Member Initials

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the RACINE FAMILY YMCA and the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) , I hereby give my permission and consent, now and for all time, to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties;
- YMCA of the USA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and
- YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.
- I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of the USA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

### MONTHLY WAIVER \_\_\_\_\_ Primary Member Initials

Member will renew monthly on anniversary of sale; a \$25 service fee will be applied for all checks or bank draft payments returned to the YMCA due to non-sufficient funds, closed accounts or for stopped payments; Member is responsible to notify in writing of any changes to account information or cancelation prior to the draft date. Member is responsible for all balances. Member should ask for a copy of cancelation or change form as receipt of transactions.