



# Twin Rivers YMCA

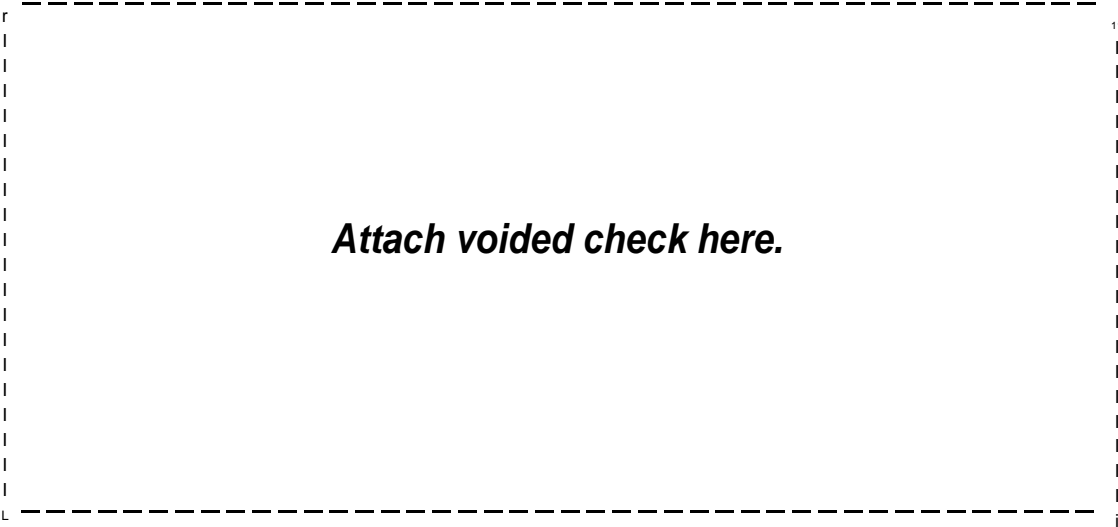
Serving Craven County and Surrounding Areas

<b>1ST ADULT</b>	* Date	Title	* First Name	M	* Last Name																																																																																															
<b>H O M E</b>	* Mailing Address				<p>The YMCA is committed to serving people of all ages, races, religions, and economic levels. By answering the following questions, you will help us meet this goal. The information is confidential and will not be used for any other purpose.</p> <p><b>PLEASE CHECK AREAS OF INTEREST.</b></p> <table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:center;">Self</td> <td style="text-align:center;">Spouse</td> <td style="text-align:center;">Children</td> <td style="text-align:center;">Volunteer</td> </tr> <tr> <td>Swimming</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Aquatic Exercise</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Aerobics/Group Exercise</td> <td style="text-align:center;"><input 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<b>M E M B E R S</b>	<b>Membership Type</b>		<b>Payment Method</b> <input type="checkbox"/> Bank Draft <input type="checkbox"/> Annual		<b>Initial Payment</b> <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash	<b>Monthly Dues</b> Date of Draft <b>1<sup>st</sup> banking day</b> of each month																																																																																														
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	YMCA Staff Member		<b>Locker combination #</b>																																																																																																	

\* Required Fields

Financial Aid is available for those who qualify.

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**Attach voided check here.**

**Waiver**

I am an adult over 18 years of age and wish to participate in YMCA (the "YMCA") membership/program activities, and if checked here  wish my children or legal wards to participate and give them permission to participate in the YMCA activities. As used in this Agreement "children" shall include legal wards and "parent" shall include legal guardian. As a condition to being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of the facilities or equipment, or participation in any off-site program affiliated with the YMCA, I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition to participation by me or my children in YMCA activities, on my behalf and on behalf of my children, I knowingly assume all such risks of injury, and waive and release any claims for loss or injury incurred or suffered which I or my children might make against the YMCA, its sponsors, officers, employees, volunteers, or contractors as a result of participating in YMCA activities or using its facilities. I further agree to indemnify the YMCA against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by me or my children. I have read this authorization, waiver, and release, understand it, and am voluntarily signing it.

I understand that the YMCA is not responsible for personal property lost, damaged, or stolen while members and / or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs.

I give my permission to the YMCA to use without limitation or obligation, photographs, film footage, or tape recordings which may include my or my children's image or voice for the purposes of promotion or interpreting YMCA programs.

**Membership Agreement**

If my membership dues are paid through Electronic Funds Transfer, I understand this is a continuous membership plan. This membership will remain in effect for as long as I retain the membership card issued to me. Membership cards are the property of the YMCA and must be surrendered upon demand.

It is my complete understanding that if I wish to terminate or change my membership in any way, I must give the YMCA a **30 day written notice**.

All membership rates are subject to change with 30 days written notice. I understand it is my responsibility to notify the YMCA of any change in address, bank account information (if utilizing bank draft for payment of dues) or credit card information / expiration date (if utilizing credit card for payment of dues).

The Joiners Fee is a one-time fee as long as you remain an active member of the YMCA. If you choose to cancel or discontinue your membership for more than 60 days, a Joiners Fee will be charged when you reapply for membership.

I acknowledge the waiver and membership agreement set forth above, and being in sympathy with the Mission Statement of the YMCA, hereby apply for membership.

**\* Required fields**

\* Signature \_\_\_\_\_ Date: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Note: Parent or guardian must sign if applicant is under 18 years of age.

**ELECTRONIC FUNDS (EFT)**

I authorize my bank to honor preauthorized Electronic Funds Transfers against my account for (membership/program/contribution) payments as indicated below. When the bank honors the EFT by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date,

**I choose to utilize the EFT option for monthly payment (direct debit from my  Checking  Savings account)**

\*Bank Name \_\_\_\_\_ \*Name on Account \_\_\_\_\_  
\*Routing/Transit Number \_\_\_\_\_ \*Account Number \_\_\_\_\_  
\*Authorized Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

**\* All returned bank drafts will be charged a \$25.00 return fee.**