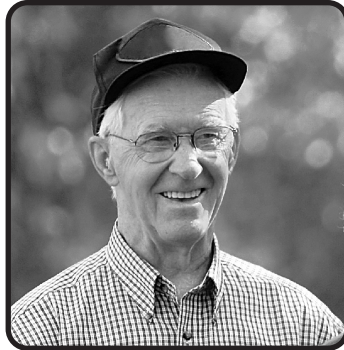




# Membership Application



**We build strong kids, strong families,  
strong communities.**

## **TWIN RIVERS YMCA**

**Serving Craven County and surrounding areas**

Our Mission: To put Christian principles into practice through programs that build a healthy spirit, mind and body for all.



# TWIN RIVERS YMCA

Serving Craven County and surrounding areas

\_\_\_\_ W \_\_\_\_ E \_\_\_\_ R  
\_\_\_\_ Emp. Signature

<b>1ST ADULT</b>		*Date	Title	*First Name	M	*Last Name																																																																																																				
<b>HOME</b>	*Mailing Address				<p>The YMCA is committed to serving people of all ages, races, religions, and economic levels. By answering these questions, you will help us meet this goal. The information is confidential and will not be used for any other purpose.</p> <p>PLEASE CHECK AREAS OF INTEREST:</p> <table border="1"><thead><tr><th></th><th>Self</th><th>Spouse</th><th>Dependents</th><th>Volunteer</th></tr></thead><tbody><tr><td>Swim Lessons</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Swim Team</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Personal Training</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Aquatic Exercise</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>Aerobics/Group Exercise</td><td><input type="checkbox"/></td><td><input 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	YMCA Staff Member			Locker Combination	<input type="checkbox"/> Cash																																																																																																					

\*Required Fields

Financial Aid is available for those who qualify.

# ATTACH VOIDED CHECK HERE

## Participant Release & Waiver of Liability and Indemnity Agreement

PLEASE READ CAREFULLY. THIS DOCUMENT EFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING EASTERN CAROLINA YMCA, INC. FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE

### Assumption of Risk

I acknowledge and agree that any use of Eastern Carolina YMCA, Inc. facilities, services, equipment and premises ("Facilities") and any participation in Eastern Carolina YMCA, Inc. programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

### Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs I, the undersigned, agree that Eastern Carolina YMCA, Inc., its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

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 the membership, end program participation, and remove visitation access.

### Photo Release

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 and privileges are not transferable to other individuals. 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, a cancellation or change form must be signed at the Service Desk 30 days prior to the draft date. Alternatively, an email, including your name, address and phone number on file, may be sent to [membership@trymca.org](mailto:membership@trymca.org) 30 days prior to the draft date.**

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).

The Joining Fee is a non-refundable fee. 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 Transfer (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 account).

Bank Name: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Credit Card (VISA/MasterCard ONLY)

I authorize my credit card company to honor preauthorized Electronic Funds Transfers against my account for (membership/program/contribution) payments as indicated below. When the credit card company honors the draft by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized draft not be honored by said credit card company 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 credit card company, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

I choose to utilize the credit card draft option for monthly payment.

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

☐ VISA ☐ MasterCard

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All returned bank drafts will be charged a \$30.00 return fee.**

# Membership Action Request

Date	Action	Fee Charged	Processed By	Comments

**File Notes:**