

Wayne County YMCA Membership Application

Please Print

Last Name		First Name		Middle Initial	Sex __ Male __ Female
Date of Birth Month Day Year / /		Race (Optional)	Marital Status __ Single __ Married		Home Phone
Home Address	Street	Apt. Number		City	State Zip Code
Spouse Info.	Name		Date of Birth Month Day Year / /		Sex __ Male __ Female
Child's Name		Date of Birth / /	Sex __ Male __ Female		Child's Name
		Date of Birth / /	Sex __ Male __ Female		Child's Name
Child's Name		Date of Birth / /	Sex __ Male __ Female		Child's Name
		Date of Birth / /	Sex __ Male __ Female		Child's Name
Child's Name		Date of Birth / /	Sex __ Male __ Female		Child's Name
		Date of Birth / /	Sex __ Male __ Female		Child's Name
Emergency Contact:			Relationship	Phone Number	

Membership Agreement

In consideration of the YMCA's permission to use its facilities, it is agreed that the participant who is signed below and all applicants included in this membership will obey the rules and regulations at all times while participating in any YMCA programs.

It is further agreed that failure to abide fully and completely with these rules and regulations will entitle the YMCA to terminate the undersigned participants rights to participate in any program without advance notice and without any obligation on the part of the YMCA to refund any monies paid by the participants to participate in these programs.

Participants agree to assume all financial responsibilities of membership dues in a timely manner as set by the YMCA.

It is further understood that I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive and release any and all rights to or claims for damages I may have against the YMCA for any and all injuries suffered by me or others included in this membership in any program.

I grant the Wayne County YMCA, its agents and the news media the right to photograph my family and me, including children, and to use the photographs for promotional or news purposes and the right to record our voices or to note our comments to use for promotional purposes on television, newspaper, magazine or radio news. I also warrant the rights granted herein do not conflict with any existing commitments on my part.

YMCA MEMBERSHIPS ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

Applicant Signature Date

For Office Use Only:

Type of Membership:					
<input type="checkbox"/> Preschool	<input type="checkbox"/> Jr. Youth	<input type="checkbox"/> Sr. Youth	<input type="checkbox"/> Adult	<input type="checkbox"/> Family	<input type="checkbox"/> Two Week
<input type="checkbox"/> New	<input type="checkbox"/> Renewal				
Payment: <input type="checkbox"/> Joiner Fee <input type="checkbox"/> In Full <input type="checkbox"/> 2 month <input type="checkbox"/> 3 month <input type="checkbox"/> 4 month <input type="checkbox"/> ACH (bank draft)					
Staff Member	Initial Payment Amount	Type of Payment	Date		