

## YMCA of Greater New Orleans Membership Application

First Name	Middle Initial	Date of Birth ___ / ___ / ___	Membership Type:
Last Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Individual <input type="checkbox"/> Youth <input type="checkbox"/> Family <input type="checkbox"/> College <input type="checkbox"/> Senior <input type="checkbox"/> Staff <input type="checkbox"/> Program
Address		Home Phone	
City State Zip		Cell Phone	
Employer		Email	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed	How did you hear about us? <input type="checkbox"/> Friend/Family <input type="checkbox"/> E-mail <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Billboard <input type="checkbox"/> Facebook <input type="checkbox"/> Website <input type="checkbox"/> Medical Referral <input type="checkbox"/> Drive By <input type="checkbox"/> Other		
Emergency Contact Name		Emergency Phone	

### FAMILY MEMBERSHIP: List Family Members below

(Definition of family member: Two adults and their dependent children under the age of 18, full-time college student, or legal dependent)

Name of Family Member(s)	Relationship	Date of Birth	School	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female

### Membership Payment Information:

Name on Account:		
Credit Card # XXXX-XXXX-XXXX-_____	Exp Date: ___ / ___ / ___	
Checking Account Number:	Routing Number: <small>(Please Attach a voided check)</small>	

**YMCA ANNUAL CAMPAIGN:** Your monthly or one time donation is one of the best investments you can make for the future of YMCA Families and Youth. Please consider donating to programs such as Home for the Holidays, Adult Literacy, Water Safety, Swim Lessons, Summer Camp, or Leaders Club to name a few.

Yes! I would like to donate a one-time donation of \$\_\_\_\_\_  Please draft my account monthly in the amount of \$\_\_\_\_\_

Joining Fee:	Monthly Draft Amount:	Donation Amount:
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I give the YMCA authority to draft my checking account, debit or credit card for my monthly membership dues. Notification of this charge shall be indicated on my checking account or credit card statement. Should any charge not be honored, it is understood that I will be responsible for the payment. I understand that **I have a continuous membership plan, which automatically renews unless I give the written notice as stated below.** I understand that the YMCA Board of Directors may, at their discretion, adjust my monthly rate applicable to my category of membership. I will receive at least 4 weeks' notice prior to change. \_\_\_\_\_ (initial)

I understand that if I wish to cancel my membership, I will give a 30 day written notice of cancellation in person. I am aware I will be drafted one more time within that 30 day period and I will continue to have access to the facilities through my expiration date. I am aware there is a \$25 NSF fee for all returned drafts and the YMCA is not liable for bank overdraft charges or fees. \_\_\_\_\_ (initial)

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

**WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO THE LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- 1) THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to the location.
- 2) THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of releasees or otherwise.
- 3) THE UNDERSIGNED HEREBY ASSUMED FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as permitted by the state of Louisiana and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effort.

I hereby give my consent to the YMCA of Greater New Orleans to secure emergency medical treatment for my child in the event of a medical emergency if parents/guardians listed on this form are unable to be contacted. I understand that I am liable for any resulting medical bills. I understand that if transportation is required for this program, that my child will be transported in vehicles owned or secured by the YMCA. I hereby give my consent for my child to participate in swimming or physical activities during the program. I will notify the YMCA of any special needs my child may have to allow them to make the needed accommodations. I understand that filming and photographs of activities will take place for future use in publications or news releases, so I hereby give the YMCA permission to publish photos/videos in which I and/or my child appear in for no compensation. I also understand some art creations made by participants may be used for recognition items for donors and other supporters of the YMCA and hereby give the YMCA permission to use my child's artwork.

**Member Code of Conduct:** Persons using YMCA programs and facilities are expected to behave in a mature and responsible way and to respect the rights and dignity of others. The YMCA of Greater New Orleans does not allow behavior that falls below a generally accepted standard of conduct. Such behavior may result in termination of membership and exclusion from the facility. Examples of behavior which would likely warrant termination are shown below:

- Angry, abusive or vulgar language, including swearing, name-calling or shouting.
- Physical contact with another person in an angry or threatening way.
- Any demonstration of sexual activity or sexual contact with another person.
- Harassment of employees or other members/visitors.
- Theft or destruction of property.
- Refusal to follow rules regarding safety, sanitation or health.
- Criminal conduct.
- Consumption of illegal drugs while on YMCA property.
- Being under the influence of illegal drugs or alcohol while on YMCA property.
- Criminal convictions which may undermine the safety of other members (example: sex offender registry).

**I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT AND THE MEMBER CODE OF CONDUCT:**

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

(if under 18 years old, parents or legal guardians must also sign)

**FOR OFFICE USE ONLY**

Join Date	Draft Date 1 <sup>st</sup> 15 <sup>th</sup>	Member Number	Staff Initial
Joining Fee \$	Monthly Fee \$	Payment Method <input type="checkbox"/> Annual <input type="checkbox"/> Credit Card <input type="checkbox"/> Bank Account	
Discount Group		Other Information	