

# Valdosta-Lowndes County Family YMCA

## Membership Application

Membership ID # \_\_\_\_\_

**PLEASE PRINT**

Date \_\_\_\_\_  Male  Female

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Home Address \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Business \_\_\_\_\_

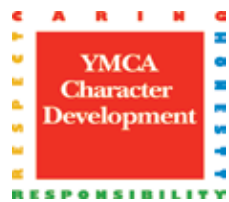
EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ I understand that no refunds are given on YMCA membership dues and prices are subject to change.

\_\_\_\_\_ I understand that replacement membership cards are \$2 each, if my card is lost or misplaced.

\_\_\_\_\_ I understand that my YMCA membership is not held for short term illness or vacation.

\_\_\_\_\_ I received a copy of the YMCA Handbook.



*Please Complete the following for Family Membership (If last names differ, please supply supporting documents)*

NAME	AGE	BIRTHDATE	M/F	RELATIONSHIP

Membership Type ( FOR OFFICE USE ONLY)

Bankdraft  
  Annual  
  Semi-Annual  
  Sr. Citizen  
  Student  
  Corporate

1st   15th   Comments \_\_\_\_\_

Y EMP Dept \_\_\_\_\_

Locker # \_\_\_\_\_ Date Rented \_\_\_\_\_ Prorated Amt# \_\_\_\_\_ Staff \_\_\_\_\_

**BANK DRAFT AUTHORIZATION ONLY:**

I authorize the VALDOSTA-LOWNDES COUNTY FAMILY YMCA to initiate debts on the BANK indicated below to debit the amount of \$ \_\_\_\_\_ from my/our checking or savings account dedicated below. Your YMCA Bank Draft payment will be drawn from your account on the \_\_\_\_\_ day of each month beginning \_\_\_\_\_.

**This amount will continue to be withdrawn until you notify the YMCA in person to cancel your membership 15 days prior to the draft date. Cancellations received after the deadline will be effective the following month. You are responsible for all returned drafts, plus \$25.00 service charge payable to the YMCA.**

\_\_\_\_\_ I understand that it is my responsibility to check my monthly bank statement and report any corrections immediately to the YMCA.

Bank Name \_\_\_\_\_ Checking Account  Savings Account

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_

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



**VALDOSTA-LOWNDES COUNTY FAMILY YMCA  
RELEASE & WAIVER of LIABILITY & INDEMNITY AGREEMENT**

IN CONSIDERATION of 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 off-site program affiliated with the YMCA, 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 program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program 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 OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, 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/her 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 the 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.
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 that 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 the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee 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 is permitted by the law of the State of **Georgia** and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

**I HAVE READ THIS RELEASE**

\_\_\_\_\_  
Signature of Applicant (parent or guardian if under 18)

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE