

For Internal Use Only

- ☐ Tour
☐ Y60
☐ Orientation
☐ Coach Approach

APPLICATION FOR MEMBERSHIP

HAMILTON AREA YMCA**PRIMARY MEMBER INFORMATION**

First Name _____ MI _____ Last Name _____

Gender ☐ Male ☐ Female DOB: _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address(es) _____

Employer _____ Business Phone _____

EMERGENCY CONTACT INFORMATION

Emergency Contact _____ Relation to Member _____

Emergency Contact Phone _____

FAMILY INFORMATION Please list all those you want to include in your Family Membership.

Name (First & Last)	Gender	Relation to Primary Member	Date of Birth

WAIVER & RELEASE

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) 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 such participating children 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 acknowledgment 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 by the undersigned and such children. 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 ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children 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 they may, incur due to the presence of the undersigned or such children 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 to the undersigned or such children 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.
4. The Hamilton Area YMCA/Sawmill Branch reserves the right to photograph or film any member and use said pictures or film for any form of advertising or promotion as deemed appropriate. All partners of the Hamilton Area YMCA/Sawmill Branch reserve the right to photograph or film any member and use said pictures or film for any form of advertising or promotion as deemed appropriate.
5. By signing this waiver, I, and the individuals listed on my membership, agree to abide by all YMCA policies outlined in the member handbook and posted signage. Failure to do so may result in revoked membership privileges at the Hamilton Area 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 New Jersey 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.

THE UNDERSIGNED understand the YMCA conducts regular sex offender screenings on all members/participants/guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership and/or end program participation and remove visitation access.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Signature of Applicant/Parent _____ Date _____

Signature of Other Adult _____

Name of Child in Program _____ Name of Child in Program _____

Name of Child in Program _____ Name of Child in Program _____

FOR OFFICE USE ONLY: Member ID _____

Member Code _____

Staff Signature _____

AUTOMATIC BANK DRAFT AUTHORIZATION FORM

HAMILTON AREA YMCA

Finance Use Only

Member ID _____
Member Code _____
Monthly Membership Draft Amt _____
Draft Start Date _____
One Time Contribution Amt _____

I, (name) _____ authorize the Hamilton Area YMCA to initiate debit entries, via Bank Draft, to my Bank Checking Account/Credit Card Account at the depository financial institution listed below and to debit the same such account. I acknowledge that the origination of the Bank Draft transaction to my account must comply with the provisions of U.S law.

This debit will commence on (date) _____ and occur monthly on the fifth day of the month. Bank draft memberships are perpetual and will continue until the member requests termination. Authorization will remain effective until the Hamilton Area YMCA has received written notification 30 days prior to the 5th of the month. This can be done in person or online.

The Hamilton Area YMCA reserves the right to adjust membership fees with a 30 day notice.

I understand it is my responsibility to check my monthly bank statement and report any corrections or change to the below information immediately to the Hamilton Area YMCA.

If funds are unavailable on the scheduled date for payment a service charge may be applied. Unavailability of funds includes insufficient funds, account closed, decline, exception, hold, etc. The Hamilton Area YMCA is not responsible for service fee.

NOTE: It is the member's responsibility to notify the Hamilton Area YMCA of any change to the above information, including updating Credit Card expiration dates. There may be a service charge for any Bank Draft that is returned by the bank for insufficient funds. To avoid a lapse in service, I understand that the YMCA will re-attempt to draft my membership fees.

Please choose one and complete the information:

Checking Account* ☐

Credit Card ☐

Debit Card ☐

Bank Name _____

If you choose to draft your membership dues via credit or debit card, please present your card at the Customer Service Desk.

Account Number _____

Bank Transit Routing No _____

**voided check must be attached*

I would like to contribute an additional amount to support my YMCA as it helps my community by providing financial assistance to those in need. *(Check box below for additional amount)*

☐ \$5.00

☐ \$10.00

☐ \$15.00

☐ \$20.00

☐ Other

TERMINATION POLICY FOR BANK DRAFT

Memberships may only be terminated by completing a Termination Form in person or online and surrendering the current membership card (s) to the Customer Service Desk. **This must be done 30 days prior to the 5th of the month which you are requesting the draft to be stopped.** It is the member's responsibility to confirm termination of draft fees from their bank account. Membership fees are non-refundable. Medical freezes are available upon request.

Signature _____ Date _____