



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

CROSSROADS YMCA INC. Membership Application

- Application for Membership
- Updating Membership Information
- Prospective Member Information

Please Print

First Name _____ M.I. _____ Last Name _____
 Gender (M or F) _____ Birth date ____/____/____ Marital Status _____
(single, married, divorced, separated)
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell/Other Phone _____ E-Mail _____
 Employer _____ Phone _____
 Emergency Contact _____ Phone _____ Relation _____
 Spouse or (Parent if under 18) Name _____

Gender (M or F) _____ Birth date ____/____/____ **Branch:** Griffith Hammond
 Southlake Whiting

Membership Type: Adult Family Youth **Method of Payment:** Monthly Bank Draft
 Young Adult Senior (65+) Sr. Family (65+) Credit Card (3% monthly increase)
 Debit Card

Name	Relationship	Birth date	Sex	Age	Emp./School

For Reporting Purposes Only (Optional): This information helps the Y obtain grants for youth whose families are struggling financially. **Help us ensure that no child is turned away from inability to pay.**

Nationality
Please check

African American
 Asian
 Caucasian
 Hispanic
 Pacific/Islander
 Other _____

Household Income
Please check

<\$15,000
 \$15,001-29,999
 \$30,000-44,999
 \$45,000-59,999
 \$60,000-74,999
 \$75,000+

For Office Use Only

Member ID: _____
Member Type: _____
Join Date: _____
Renew Date: _____
Pay Method: _____
OVER ->



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RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION FOR PROGRAMS AND ACTIVITIES of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in and 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, immediately upon entering or participating inspected and carefully considered such premises and facilities or the affiliated programs. 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 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, his personal representatives, assigns, heirs, and next of kin for any loss or damages, 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 they may incur due to the presence of the undersigned in, upon or about the Family YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any programs affiliated with the Family 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 broad and inclusive as is permitted by the law of the State of Indiana 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 AND UNDERSTAND THIS DOCUMENT AND RELEASE.

Signature _____ Date _____
(Applicant)

Signature _____ Date _____



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Crossroads YMCA Addendum to Membership Agreement

Bank drafts are withdrawn on the first (1st) or fifteenth (15th) of every month; therefore a **Cancellation form MUST be completed in writing by the 1th of every month for the 15th draft to be effective by the next draft date. Draft date for the first of the month must be completed by the 15th of the prior month.** If filled out later than the 1st or 15th of the month, draft(s) will be cancelled the following month.

Bank drafts come out on the first (1st) or fifteenth (15th) of every month when the draft is a Saturday/Sunday or Holiday it may draft up to two days before or after the draft date.

The following is our return policy.

- In the event an "ACH" item, debit card or credit card draft is returned due to non-sufficient funds or inactive account, eCashflow (name of vendor) will electronically attempt to collect the funds **(2) two additional but separate times.**
- eCashflow (name of vendor) will charge a fee of \$20.00 for the original non-sufficient fund draft. The YMCA is not receiving these funds nor has the ability to reduce or remove the fee.
- eCashflow (name of vendor) will not charge fees for lost, stolen or expired debit and credit cards.
- eCashflow's (name of vendor) name and phone # will be listed on your bank account in cases you have questions and wish to speak to someone.
- eCashflow (name of vendor) will attempt to collect the funds up to 30 calendar days from the day of the original draft day.
- The Crossroads YMCA will not be responsible for any additional charges you may incur from your banking institution due to having insufficient funds in your account.

If you change your bank information for any reason it is your responsibility as a member to update your information at the service desk. Anyone that falls behind in making payments on monthly dues for more than **15 business days** may have their **membership cancelled**. You will not be able to use the Y for any reason and will be held responsible for any outstanding balance owed.

During August there will be a facility improvement week, the YMCA will remain open during this time although some areas in the building may be closed. Our App and website will keep you updated during this time.

I hereby grant permission for the staff of the YMCA to take whatever steps necessary to obtain medical care for my child if warranted. These steps include the following: (1) To administer First Aid; (2) To contact parent/guardian or person listed on emergency contact. If necessary, an ambulance will be called to transport the child to an emergency medical center. I understand that I will be held responsible for all medical/ambulance charges. _____ **Initial**

Photo/Website/Facebook Release:

For my participation in activities to be conducted by the Crossroads YMCA, Inc., I hereby give my permission and consent, now and for all time, to Crossroads YMCA, Inc. to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my children. I understand that my experience within said activities may be used for advertising in Crossroads YMCA, brochure, Facebook account or Website without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, any minor if identified will only be by first name or Initial only.

- Any video film, recordings, and photo reproductions of me and/or my family experience during said activities, I authorize, according to this Release, shall belong to Crossroads YMCA therefore, we will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my family.
- Crossroads YMCA, Inc. and collaborating third parties shall not be liable for any use or disclosure to a third party of any video film, footage, recordings and photo reproductions of me and/or families account of our experience.
- I agree that I am 18 years of age or older and my consent and this release are irrevocable. I hereby release and discharge Crossroads YMCA and collaborating third parties from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my families' narrative account of our experience as described herein.

The above membership terms have been explained thoroughly to me and my signature is my acceptance that I fully understand them and will abide by them.

Sig nature: 18 years or older, youth memberships must be signed by parent/guardian.

(Date)



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AUTHORIZATION AGREEMENT TO HONOR BANK DRAFT/CREDIT CARD DRAWN BY THE YMCA

I (we) hereby authorize the Crossroads YMCA to initiate debit entries to my (our) account as indicated below at the depository financial institution named below, hereinafter called DEPOSITORY and to debit the same to such account. Any change in my membership fee shall, after notice to me, constitute a change in my monthly bank draft amount.

Draft Date 1st 15th

Branch: Griffith Hammond Southlake Whiting

Depository Name: _____ Checking Savings
(Name of Bank)

City: _____ State: _____ Zip: _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until the Crossroads YMCA Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Crossroads YMCA Inc. and **DEPOSITORY** a reasonable opportunity to act on it.

Name: _____ Date: _____
(Please Print) (Please Print)

Signed: _____

Please have a check or letter from bank to verify the above information. Once verified the check/letter will be returned to you.

CREDIT CARD AUTHORIZATION (A 3% Fee will be added monthly if using the Credit Card option)

Draft Date 1st 15th

Name on Card: _____ Visa Master Card Discover

Debit Credit

Last 4 Digits _____ Expiration Date: _____

This authorization is to remain in full force and effect until the Crossroads YMCA Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Crossroads YMCA Inc. and **CREDIT CARD Company** a reasonable opportunity to act on it. **I understand that I will be drafted an additional 3% of the monthly fee by selecting the Credit Card Draft.**

Name: _____ Date: _____
(Please Print) (Please Print)

Signed: _____