

Northwest Arkansas Mercy Family YMCA

A Branch of the Tri-State Family YMCA
 5214 Village Parkway, Rogers, AR 72756
 479-273-9622

www.ymcanwa.org

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

- Multi-Person Family
 Two-Person Family
 Adult
 Senior
 Young Adult
 Teen
 Youth
 Please Circle (if applies):
 Corporate
 Collaborative Partner

Title (Mr. Mrs. Ms)	First Name	MI	Last Name	Nickname
Address			Email Address	
City	State	Zip Code	Phone	
Employer				
Employer's Address			City	State
Employer's Phone		Position/Occupation		

Birthdate / /	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Would you consider being a YMCA volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No What area?	Ethnic Origin W B A H I O
How did you hear about the YMCA? <input type="checkbox"/> Brochure <input type="checkbox"/> Friend <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Billboard <input type="checkbox"/> Past Member <input type="checkbox"/> Other			
Emergency contact other than your household Name		Phone	

Number in Family _____

Annual Household Income:

Below \$4,999
 \$25,000 - \$29,999
 \$5,000 - \$9,999
 \$30,000 - \$34,999
 \$10,000 - \$14,999
 \$35,000 - \$39,999
 \$15,000 - \$19,999
 \$40,000 +
 \$20,000 - \$24,999

SPOUSE'S INFORMATION

First Name	MI	Last Name (If different)
Birthdate / /	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Would you consider being a YMCA volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No What area?
Employer's Name	Address	City/Zip
		Phone

DEPENDENTS' INFORMATION

FIRST	MI	LAST (IF DIFFERENT)	BIRTHDATE	SEX	SCHOOL
			/ /	<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	
			/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	
			/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female	



MISSION STATEMENT

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

This is accomplished by offering programs, services and other opportunities regardless of sex, race, creed, or socio-economic status.

CONDITIONS OF MEMBERSHIP

1. Presentation of membership card is required when using the facilities and programs.
2. Membership privileges and cards are not transferable.
3. Membership dues, joining fees, and program fees are subject to change.
4. Lost membership cards will be replaced by the membership office for a fee.
5. The YMCA reserves the right to revoke any membership.
6. Solicitation is not allowed in YMCA facilities or on YMCA program premises, except by the YMCA.
7. Members agree to abide by the policies and decisions established by the YMCA Branch Board of Management. Failure to follow accepted policies could result in having membership revoked.

LIABILITY WAIVER; INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

I understand that the Tri-State Family YMCA and its branches, (known as YMCA here forward) its officers, agents, and employees, assume no responsibility for injuries or illnesses that I may sustain, as a result of my physical condition, while observing or participating in YMCA activities or while using any facilities or equipment during YMCA activities. I understand that the YMCA shall not be responsible for personal property lost, damaged or stolen while I, any other authorized user of my membership, or any other program participants use YMCA facilities or are on YMCA program premises.

I understand that all exercises may not be suitable for me, and that participation in any exercise program may result in injury and even death. I understand that I should consult my doctor before beginning an exercise program to help reduce the risk of injury.

I understand that any instructions or advice presented by the YMCA or members of the YMCA staff are in no way intended to be a substitute for professional medical counseling.

I authorize emergency medical treatment if it becomes necessary.

Therefore, I expressly acknowledge, on behalf of any successors or heirs, that I assume the risk for any and all injuries or illnesses that may result from my observation of, or participation in, YMCA activities and I HEREBY RELEASE, DISCHARGE, AGREE TO INDEMNIFY AND HOLD HARMLESS THE YMCA, ITS OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES FROM ANY AND ALL CLAIMS, DAMAGES, LIABILITY, OR LOSSES FOR PERSONAL INJURY, ILLNESS, DEATH OR PROPERTY DAMAGE (INCLUDING THE THEFT/LOSS OF PERSONAL PROPERTY) THAT I OR ANY OTHER AUTHORIZED USER OF MY MEMBERSHIP MAY SUSTAIN OR SUFFER AS A RESULT OF, OR WHILE PARTICIPATING IN, OR WHILE OBSERVING YMCA ACTIVITIES, REGARDLESS OF THE NATURE OR CAUSE OF ANY SUCH CLAIM, DAMAGE, LIABILITY OR LOSS.

DISCLOSURE OF MEMBERSHIP

1. NO REFUNDS on memberships or joining fees. Cancellation of bank drafts and payroll deductions requires thirty (30) days written notice. All membership cards must be turned in at time of cancellation.
2. PHOTOGRAPH PERMISSION Without limitation or obligation, I give my permission for the YMCA to use photographs, film footage, or tape recordings which may include my image or voice for purposes of promoting or interpreting YMCA programs.
3. INSURANCE I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all YMCA activities.
4. MEDICAL RELEASE I authorize the YMCA to provide or obtain emergency medical attention for me or members of my family in the event of sickness or injury. I realize and understand that my family insurance policy will be responsible for any accident or medical claim. Should I, or any member of my family, require special medical treatment, prescriptions, or hospital care, I am responsible for all expenses.

ACCEPTANCE

This waiver and release is given for myself and on behalf of the minor members of my family listed, if any. I acknowledge the conditions for membership stated on the previous page and above. If any portions of this waiver are held to be invalid, I agree that the remaining terms shall continue to be in full legal force and effect. I have read, or have had read to me, and voluntarily sign this Membership Application Agreement.

Signature of Parent/guardian/member (18 years or older)

Date

Signature of Spouse if a Family Membership

Date

DRAFT AUTHORIZATION

I/we hereby authorize the Northwest Arkansas Family YMCA to initiate debit entries to my/our checking/savings/credit card account indicated below and authorize the bank named below to deposit the same amount into the account of the YMCA. This authority is to remain effective until written request for termination is received at least 30 days prior to termination. Drafts initiated from the 1st through the 15th will draft on the 1st of the next month, and those initiated the 16th through the 31st will draft on the 15th of the next month. (EXCEPTIONS MAY APPLY.)

A \$25.00 service charge will be added to an immediate draft for all debit entries returned "NSF," and uncollected drafts will require payment by cash or money order to resume active membership.

By checking this box, I give the YMCA permission to add \$ _____ to my monthly draft amount for a tax-deductible contribution to the Annual Strong Kids Campaign.

Signature of Account Holder

Date

Name on Account

Financial Institution Name

Checking Account

ABA/Routing Number (9 digits)

Financial Institution Name

Savings Account

ABA/Routing Number (9 digits)

Name

Credit Card

Expiration Date

Member Type _____ First Draft on: _____

OFFICE USE ONLY				
DATE	STAFF'S NAME	DRAFT DAY	ENTERED IN MEMBERST	CHECKED BY