

Johnson County Family YMCA

Membership Application

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Applicant Information

Name _____

Mailing Address _____

City _____

State _____ Zip Code _____

Home Phone _____

Cell Phone _____

Birth Date _____ Gender _____

Name of Employer _____

Emergency Contact Name _____

Emergency Contact Phone _____

Are you a veteran? Yes No

Email _____

Family Member Information

Name _____

Birth Date _____ Gender _____

Name _____

Birth Date _____ Gender _____

Name _____

Birth Date _____ Gender _____

Name _____

Birth Date _____ Gender _____

Name _____

Birth Date _____ Gender _____

Name _____

Birth Date _____ Gender _____

Would you like to sign up for JCFYMCA blog posts? Yes No

Would you like to receive occasional email from the JCFYMCA in regards to:

Camp 307 Youth Athletics Adult Athletics Personal Training

Aquatics Classes Swim Lessons Fitness Classes Special Events

Agreement and Release of Liability

As a member of the Johnson County Family YMCA, I agree to abide by all policies that are in place.

This membership is non-transferable and non-refundable.

I pay the initial joining fee once, unless my membership lapses for longer than 30 days.

If my bank draft payment is returned by the bank, a fee of \$10.00 will be charged.

I understand that I must advise the YMCA at least 3 (three) working days in advance of my next draft date (either the 1st or 20th) to cancel my membership without being charged for another month.

Members and program participants may be photographed providing opportunities for YMCA promotions.

If I choose to receive email from the JCYFMCA, I understand that I can unsubscribe at any time.

The YMCA does not provide accident insurance and that any and all injuries incurred are my responsibility to provide payment for. There is an inherent risk in all physical activities and that I assume such risk.

I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claim damages I may have against the Johnson County Family YMCA or their respective agents, successors, or assignees for any and all injuries which may be suffered by me in connection with the Johnson County Family YMCA.

Signature _____

Date _____

FOR BANK DRAFT MEMBERSHIPS

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Date of draft: 1st 20th (please select one)

I (we) hereby authorize JOHNSON COUNTY FAMILY YMCA, hereinafter called COMPANY, to initiate debit entries to my (our):

Checking account Savings account (please select one)

indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Full name of bank: _____ Routing Number: _____

Bank address: _____ Account Number: _____

_____ This information appears at the bottom of your check as follows:

|: Routing Number |: Account Number |: Check Number

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

If the bank draft payment is returned by the bank, a \$10.00 fee will be charged. If the payment is returned by the bank for two consecutive months, the membership will be cancelled.

Name(s): _____

Signature: _____ Date: _____

NOTE: WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Office Use Only

Membership Type _____ Member ID # _____

Payment Type Annual Pay _____ 1 Month Adult _____

Bank Draft 1st _____ 20th _____

Joining Fee \$ _____

Pro-Rate Monthly Fee \$ _____

Total Amount Paid \$ _____ Check # _____

Staff Signature _____ Date _____