



Johnson County Family YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP APPLICATION

Name: _____
 _____ First _____ M.I. _____ Last _____
 Mailing Address: _____ Birth Date: _____ Gender: _____
 City: _____ State: _____ Zip Code: _____ Name of Employer: _____
 Home Phone: _____ Are you a veteran? Yes ___ No ___
 Cell Phone: _____ Emergency Contact: _____
 Email: _____ Emergency Number: _____

Additional family members to be included in this membership:

First Name	Last Name	Gender	Age	Date of Birth

Are you interested in Fitness Classes, if so please list: _____
 Are you interested in Swim Lessons/Programs, if so please list: _____
 Are you interested In Youth Sports, if so please list: _____
 Are you interested in Adult Sports, if so please list: _____
 Are you interested in Child Care Services, if so please list: _____

Are you interest in volunteering in any of these areas:

_____ Drop-In Child Care	_____ Youth Summer & Day Camp
_____ Triathlon & Klondike Rush	_____ Y Partner Fund-Raising Campaign
_____ Youth & Adult Sports	_____ Other _____
_____ Healthy Kids Day	

Agreement and release of liability

I UNDERSTAND THAT I MUST ADVISE THE YMCA AT LEAST 3 WORKING DAYS IN ADVANCE OF MY NEXT DRAFT DATE (EITHER 1ST OR 20TH) TO CANCEL WITHOUT BEING CHARGED FOR ANOTHER MONTH.

If your bank draft payment is returned by the bank, a fee of \$10.00 will be charged. This membership is non-transferable and non-refundable. I pay the initial fee once, unless my membership lapses for longer than 30 days. 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. Members and program participants may be photographed providing opportunities for YMCA promotions. 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 assigns for any and all injuries which may be suffered by me in connection with the Johnson County Family YMCA. As a member of the Johnson County Family YMCA, I agree to abide by all policies that are in place.

Signature

Date

New Membership Benefits

Your membership fee pays for the use of our whole facility (i.e. weight room, pool, gym, racquetball court, etc.)

Racquetball court reservations can be made at the front desk.

We offer FREE towel service for all of our patrons, including large swim towels and small weight/fitness towels.

Members can receive a FREE weight room orientation (value \$25.00). This is offered to familiarize you with all of our weight room and cardio equipment. You will be shown correct usage of all machines and get you started on a workout that is right for your needs and interests.

With your YMCA membership, you are always welcome at all other YMCA's, no matter where you are staying or visiting!

We offer a variety of fitness classes from land to water based, from beginner to advanced. These classes are INCLUDED in your membership.

Everyone is welcome at the YMCA. We offer financial assistance for those who qualify.

We have a great group of men and women that play pick-up basketball at noon everyday. Men and women are welcome to play Monday through Friday 12 noon to 1:00 pm.

We are delighted that you have joined our family. Please find any of our Y staff if you have any questions or concerns.

THANK YOU AND WELCOME TO OUR COMMUNITY

Office Use Only

Membership Type: _____ Member ID#: _____

Payment Type: Annual Pay _____
Bank Draft 1st _____ 20th _____

Membership Joining Fee: \$ _____

Pro-Rate Joining Fee: \$ _____

Total Amount Paid: \$ _____ Check #: _____

Staff Signature: _____ Date: _____