

NEW UPGRADE
RENEWAL DOWNGRADE



MEMBERSHIP TYPE: _____

MEMBERSHIP NUMBER: _____

MERRIMACK VALLEY YMCA MEMBERSHIP APPLICATION

PRIMARY MEMBER INFORMATION

(Please print clearly)

NAME: _____ DOB: ____/____/____ Female Male Other
First Last MI

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
Street Apt/Floor #

EMAIL: _____

PRIMARY PHONE #: _____ SECONDARY PHONE #: _____

EMERGENCY CONTACT: _____ EMERGENCY NUMBER: _____

EMERGENCY CONTACT RELATIONSHIP: Mom Dad Sibling Spouse Other: _____

PRIMARY HOUSEHOLD LANGUAGE: _____ RACE/ETHNICITY: _____

MULTI PERSON MEMBERSHIP

(Please complete the following)

SECOND ADULT: _____ RACE/ETHNICITY: _____ DOB: ____/____/____ Female Male Other

DEPENDENT 1: _____ RACE/ETHNICITY: _____ DOB: ____/____/____ Female Male Other

DEPENDENT 2: _____ RACE/ETHNICITY: _____ DOB: ____/____/____ Female Male Other

DEPENDENT 3: _____ RACE/ETHNICITY: _____ DOB: ____/____/____ Female Male Other

DEPENDENT 4: _____ RACE/ETHNICITY: _____ DOB: ____/____/____ Female Male Other

INTEREST

YOUTH DEVELOPMENT

- Childcare
- Sports
- Swim Lessons
- Family Activities
- Camp
- Arts & Humanities

HEALTHY LIVING

- Strength Training
- Group Exercise
- Weight Loss
- Team Sports
- Pool Activities
- Personal Training
- Senior Programming
- Sports

SOCIAL RESPONSIBILITY

- Support Groups
- Social Activities
- LiveSTRONG®
- Volunteer Engagement

HOW DID YOU HEAR ABOUT THE Y

- Drive By
- Direct Mail
- Email
- Newspaper/Magazine
- Employer
- Member/ Former Member
- Family/Friends
- Medical Referral
- Social Media (FB/Instagram/Twitter)
- Radio
- Television
- Corporate Membership
- Flyer/Postcard/Hand-Out
- Other _____

OTHER MEMBERSHIP QUESTIONS

1. Would you like to be registered today for a Wellness Get Started with our Personal Training Coordinator? Yes No
2. Would you like to be registered today for an Aquatic Get Started with our Aquatics Staff Team? Yes No

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION

RELEASE AND WAIVER OF LIABILITY/INDEMNITY AGREEMENT/PHOTO RELEASE

In consideration of gaining membership or 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, 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, or 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 of the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities, equipment, or participation in such affiliated programs constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs 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, 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 COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assignees, heirs, and next of kin for any loss or damage or 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 releases or otherwise while the undersigned is in, upon, or about the premises, facilities, or equipment therein or participating in any program affiliated with the YMCA.
- #2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, SAVE, AND HOLD HARMLESS the releases from any loss, liability, damage, or cost they may incur due to the presence of the undersigned 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 releases or otherwise.
- #3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases while in, about, or upon the premises of the YMCA and/or while using the premises, facilities, or equipment thereon or participating in any program affiliated with the YMCA.
- #4. The YMCA does not condone staff privately providing childcare for program participants. Parents or guardians who hire child care providers from among YMCA staff understand that the YMCA is not responsible for staff who conduct outside employment and hereby releases the YMCA from any liability for acts or omissions of any staff who provide child care outside of YMCA employment.
- #5. By signing this Agreement I hereby give my permission for the YMCA to take my photograph or a photograph of my children and use or publish this likeness for YMCA purposes and I release the YMCA from any claims for such use.

The undersigned further expressly agrees that the foregoing **RELEASE AND WAIVER OF LIABILITY/INDEMNITY AGREEMENT/PHOTO RELEASE** is intended to be as broad and inclusive as is permitted by the law of the State of Massachusetts. 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 SIGNED THE RELEASE AND WAIVER OF LIABILITY/ INDEMNITY AGREEMENT/PHOTO RELEASE** and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

_____ / ____ / ____
I HAVE READ THIS RELEASE- SIGNATURE

DATE

PAYMENT INFORMATION

BANK ACCOUNT

Savings Checking

BANK TRANSIT #: _____

ACCOUNT #: _____

MONTHLY DRAFT AMOUNT : \$ _____

***A Voided Check Required for Checking**

CREDIT CARD

Master Card Discover Visa American Express

CARDHOLDER NAME: _____

LAST 4 DIGITS OF CARD NUMBER: _____

MONTHLY DRAFT AMOUNT :\$ _____

EXPIRATION DATE: _____ / _____ / _____

SIGNATURE: _____

The cardholder authorizes the YMCA to extend the above credit card expiration date 2 years forward, upon its expiration, or until the membership is terminated in writing.

By signing this agreement, I authorize the Merrimack Valley YMCA to draft from my bank account or credit card my monthly membership dues. Any changes (membership category, bank account information, membership freezes, ect.) must be in writing. I understand that monthly membership dues will continue being drafted from my account until I submit a termination notice in writing. Termination notices must be submitted 5 days before bank draft is scheduled. When there are rate changes, the YMCA will provide a 30- day written notification to all EFT (Electronic Funds Transfer) members. If my EFT payment is not honored by my bank, I understand I am responsible to pay the monthly membership dues plus a \$20 service charge upon notification from the YMCA. I (we) understand that it is my (our) responsibility to regularly review my (our) monthly bank statements to check for accuracy of my (our) membership draft payments. I acknowledge that the authorization of ACH (automated Clearing House) transactions to an account must comply with the provisions of the U.S Law.

SIGNATURE: _____ DATE: ____ / ____ / ____ STAFF INITIALS: _____

THIS SECTION TO BE COMPLETED BY STAFF ONLY

AMOUNT RECEIVE: _____	NAME OF PERSON PAYING: _____
START DATE: _____	STAFF NAME: _____
<input type="checkbox"/> PROOF OF CORPORATE DISCOUNT PROVIDED	