



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Corporate Membership Application

Primary Member

Legal First Name	MI	Legal Last Name	Birthdate	Gender
		/ /		

Residence

Street	City	State	Zip Code

Contact Information			Emergency Contact
Home Phone ()	Cell Phone ()	Work or Other ()	Name: Phone: Relation:

Email	I prefer to be contacted via: <input type="checkbox"/> Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail
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Employer	Corporate Wellness Participant
Company Name	
Address	<input type="checkbox"/> Yes <input type="checkbox"/> No

Membership					
Youth: _____	Adult: _____	Adult Couple: _____	Family: _____	Senior: _____	Senior Couple: _____
Full: _____	Full: _____	Full: _____	Full: _____	Full: _____	Full: _____
Boardman: _____	Boardman: _____	Boardman: _____	Boardman: _____	Boardman: _____	Boardman: _____

*Attach a copy of proof

Active Duty Military

First Responder

Branch:	Branch:
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Family	Relation		
Name (Last if Different)		Birthdate	Gender
1.		/ /	
2.		/ /	
3.		/ /	
4.		/ /	
5.		/ /	
6.		/ /	

Donation

Annual Donation:	\$10 _____	\$25 _____	\$50 _____	\$100 _____	Other _____
Monthly Donation:	\$1 _____	\$5 _____	\$10 _____	\$20 _____	Other _____

Last Name: _____

First Name: _____

M.I. _____

Completed By: _____
Postcard: _____

Staff Use

Top 3 reasons for joining the Y?

Improve overall health & well-being Meet new people Lose weight
 Participate in adult programs & activities Direct by a doctor Bring my entire family

What 4 activities are you interested in most at the Y?

Wellness Fitness Adult Programs Youth Programs Child Care
 Swimming Tennis Pickleball Strength Training Personal Training
 Basketball Volunteering Camp Cardio Equipment

Amount (Staff Use)	Annual	Monthly:	Today's Dues:
Membership:	Amount Due:	Monthly Amount: Draft Date:	

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Company Name: Grand Traverse Bay YMCA

Bank Draft Start Date: _____

ID No.: 38-1709640

I (we) hereby authorize the Grand Traverse Bay YMCA to initiate debit entries to my (our) **checking account** or **savings account** indicated below at the Depository named below, hereinafter called Depository, to debit the same to such account. The amount drafted will be the amount applicable to my membership category.

Depository Name: _____ Branch: _____

City/State/ZIP: _____

Routing No.: _____ Accounting No.: _____

Credit Card Type: _____ Name on Card: _____

CC Account #: _____ Exp. _____ CID: _____

Billing Address #: _____ Zip Code: _____

Please attach copy of cancelled check or savings account deposit slip to this form.

This authorization is to remain in full force and effect until the Grand Traverse Bay YMCA has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Grand Traverse Bay YMCA and Depository a reasonable opportunity to act on it. It is also understood by me (both of us) that the Joiner Fee and first-month down payment are non-refundable.

I (we) understand that the Bank Draft Membership is a perpetual (continuous) contract and is automatically renewed on an ongoing basis. I (we) understand that to cancel my (our) Bank Draft Membership, written notice (no less than 30 days and no more than 90 days prior to cancellation) and return of my membership card(s) is required. I (we) understand the Grand Traverse Bay YMCA reserves the right to adjust the monthly rate applicable to my membership category and that they will give at least 30 days notice of any rate changes. I (we) understand the Grand Traverse Bay YMCA reserves the right to cancel my (our) membership due to insufficient funds, and that I (we) are responsible for payment of these funds, plus any applicable NSF charge. If this occurs, the bank draft payment option will no longer be available to me (us).

Print Name: _____ Date: _____

Signature: X _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of 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 or 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, and 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 or the affiliated program. 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 by the undersigned and such children.

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:

THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENTIONS NOT TO SUE The YMCA and all branches thereof, its directors, officers, employees, and agents thereafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

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 or such children 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 releasees or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, ILLNESS OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees 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 gives permission to the Grand Traverse Bay YMCA for this registrant to appear in photographs, videotapes, internet or other media in print, electronic, etc., associated with YMCA programs. PARENTS: Our staff is trained in child abuse prevention and all staff sign a code of conduct. Please report any suspicious activity immediately.

THE UNDERSIGNED HEREBY AGREES TO ABIDE BY the Cancellation policy set in place. A written thirty day notice of cancellation is required. If a member has an annual membership there are no refunds if cancelled unless a life changing event has occurred. A member with monthly draft payments will receive one more monthly draft from the time the written cancellation is submitted. The member has the right to access to the facility during the thirty days from the date of cancellation.

THE UNDERSIGNED HEREBY UNDERSTANDS that any bank draft changes may take up to thirty days to process. There are no refunds for charges during these thirty days.

THE UNDERSIGNED UNDERSTANDS if their membership is a monthly draft payment (EFT) it will be regarded as continuous until the time that I decide to terminate. I AGREE THAT IF FOR ANY REASON I WISH TO CHANGE THE STATUS OF MY MEMBERSHIP AFTER ONE YEAR FROM DATE OF AGREEMENT, I MUST GIVE THE YMCA WRITTEN NOTICE 30 DAYS ADVANCE NOTICE IN WRITING. I understand the YMCA has the right to adjust membership rates as necessary, which I agree to pay upon at least 30 days advance written notice.

THE UNDERSIGNED AGREES that as a member/program participant of the Grand Traverse Bay YMCA I agree to cooperate in the accomplish, its agents, servants and employees from any and all claims for inurnment of the YMCA's accepted purpose –to put Christian principles into practice that build healthy spirit, mind and body for all. I recognize that YMCA programs and memberships embrace all types of members and involve identification worldwide.

THE UNDERSIGNED AGREES TO ABIDE BY the Program Refund Policy as stated above in this form. Refunds will be made in the form of program credits unless otherwise approved and requests for refunds must be made in writing prior to the program start date. Late fees are non-refundable.

The Grand Traverse Bay YMCA is founded on Christian principles and values and prohibits inappropriate behavior, conduct, and materials. This includes, but is not limited to, profanity or abusive language, attire, smoking, use of alcohol or drugs, weapons, fireworks, pornography, the removal or misuse of YMCA property, or criminal conduct of any type. Such inappropriate behavior, conduct, or materials is unacceptable and the YMCA consequently retains the right to deny memberships and program participation to its applicants and to revoke a membership of any current member or participant at its sole discretion. Pets are not allowed at YMCA facilities or off-site program locations. All program participants, guests, and members who are minors are not allowed to leave YMCA property unless accompanied by a relative or pre-authorized guardian. Some programs require personal equipment not supplied by the YMCA. Further, the undersigned will at all times display the YMCA values of Honesty, Respect, Caring, and Responsibility. The undersigned understands the Y mission in offering this program: *to build strong kids, strong families, and strong communities.*

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Michigan and that if any portion therof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ, UNDERSTOOD 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.

Print Name: _____

Print Names of Minors on Account: _____

Signature X _____ **Date:** _____