

Annual Bank Draft Temp Membership Type: Date: Renewal Credit Other Month. Fee: \$ Join. Fee: \$ + P.R.: \$ =Tot. Amt.: \$

STAUNTON-AUGUSTA FAMILY YMCA MEMBERSHIP AGREEMENT

Last Name (Please Print) First M.I. Birth Date Gender (SSN or Driver's License's Number)

Street Address (Area code) Home Phone Your E-mail Address

City State Zip Emergency Contact (Name and Phone #)

Employer (Area code) Office Phone

List other family members if joining under the family plan. Family members must be claimed on your income taxes. Children must be 22 or under to be included in the Family Plan. Anyone under the age of 12 must be supervised by an adult member (18 and over).

Table with 5 columns: FIRST NAME (print), LAST NAME, M/F, BIRTH DATE, EMPLOYER OR SCHOOL. Rows 1-5.

- 1. Use of the YMCA facilities and participation in sports or other physically demanding activities inherently expose the participant to a certain degree of risk of personal injury, illness and other adverse medical consequences.
2. Monthly memberships may be discontinued at any time with written notice before the 25th of the month you wish to cancel.
3. Errors or questions regarding monthly payments must be identified to the business office no later than 60 days from billing date.
4. The YMCA's Board of Directors may, at their discretion, adjust the monthly fee applicable to my category of membership on not less than thirty days prior notice to me.
5. Each member will be issued a membership card, which must be presented, for admittance to YMCA facilities.
6. Membership may be terminated if, in the opinion of the YMCA management, a member or member's guests commit misconduct.
7. Every member is solely responsible for safeguarding the member's personal property at all times.
8. Use of YMCA facilities is subject to all rules and regulations adopted by the YMCA.
9. Youth members under the age of 12 do not have facility privileges unless they are accompanied by an adult YMCA member.
10. The YMCA conducts regular sex offender screenings on all members, participants, and guests.

Member/Account Holder's Signature (Parent or Guardian if Minor) Date Staff initials:

Please pay and charge to my account all drafts drawn by the Staunton-Augusta YMCA once each month in the amount of \$ beginning Month Year.

This authorization will remain in effect until cancelled by me in writing and until you receive such notice from me, I agree that you shall be fully protected in honoring any such draft.

Credit/Debit Card #: Exp. Date (Charged on the 6th of each month)

Checking/Savings Account #: Routing #: (1st of each month)

Signed Print Name Phone #: ()

Member's name, print here Today's Date Rev.10/2018