

Areas of Interest (Please check all that apply.)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Active Older Adult | <input type="checkbox"/> Parent-Child Programs | <input type="checkbox"/> Strength Training | <input type="checkbox"/> Teen Programs |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Personal Training | <input type="checkbox"/> Summer Camp | <input type="checkbox"/> Water Exercise Class |
| <input type="checkbox"/> Group Exercise Programs | <input type="checkbox"/> Rock Climbing/Team Building | <input type="checkbox"/> Swim Lessons | <input type="checkbox"/> Youth Programs |
| <input type="checkbox"/> Nutrition | | | |

Medical

- Please list any medical problems that we should be aware of in case of emergency. _____

- Are you taking any medications? _____
- Do you have any allergies? _____

EFT Draft Membership Only

I hereby authorize YMCA Southcoast to initiate electronic fund entries from my checking account or credit card(s). This authorization remains in effect until the YMCA has received a 30-day written notification from me indicating my desire to discontinue my membership.

Checking Account Draft Info: Draft Date: 1st 8th 15th 22nd (circle one)

Name on Account _____ Bank Name _____
Routing/Transit Number _____ Account No. (Last 4 Digits) _____

Credit Card: Draft Date Info: 1st 8th 15th 22nd (circle one)

Name as it appears on card _____ Account No. (Last 4 Digits) _____ Exp. Date _____
Type of Card MasterCard Discover Card Visa American Express

EFT Draft Membership Agreement Form

- EFT draft is a continuous membership plan. I understand that this membership will remain in effect as long as I retain the membership card issued to me and that if I wish to terminate or change my membership in any way, I must give the YMCA a 30-day written notice. I understand that I must turn in all of my membership cards. A temporary card will be issued for the balance for the time I have paid or will be paying.
- The YMCA may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive at least four weeks notice prior to any such change.
- I understand that I am still responsible for any payment plus the YMCA will apply a service charge of \$15.00 should an EFT draft be declined by my bank or other financial institution. This is in addition to any fee charged by my bank or other financial institution.

Authorized Signature _____ Date _____

Please initial here _____ (30 day written notification to terminate membership)

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery, in addition to any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, (collectively "the YMCA"), from any and all responsibilities or liability for injuries or damages to myself, including those caused by the negligent act or omission of the YMCA, or in any way arising out of our connected with my participation in any activities at the YMCA or the use of any equipment at the YMCA. I give permission for the YMCA to take photographs for use in YMCA promotional materials while I/we participate at YMCA Southcoast facilities. I agree to adhere to all policies set by the YMCA. (Please check here if you do *not* want photos taken of yourself/family members).

Signature _____ Date _____ Staff Signature _____

Office Use Only - Financial Aid

1st Draft Date _____ **Last Draft Date** _____ **Set Termination Date To** _____

Office Use Only

Date	Receipt #	Membership Type	Expiration Date	Value	Cash Payment	Comments



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Join Date _____

Locker No. _____

Head of Household _____ Date of Birth ____/____/____

(For Youth Memberships Only)

_____ M / F
Member First Name M.I. Last Name

Mailing Address _____ City _____

State _____ Zip _____ Birth Date ____/____/____

(H)Phone (____) _____ (W)Phone (____) _____ Ext _____

Cell Phone/Other (____) _____ Email _____

Employer: _____ Work Phone _____

Race: American Indian Alaskan Native African American/Black Asian/Pacific Islander
 Caucasian (White) Hispanic Cape Verdean Other _____

How may we contact you? Mail E-Mail Phone Do Not Contact

Emergency Contact:

Name _____ Phone (____) _____ Relationship _____

Name _____ Phone (____) _____ Relationship _____

Family Membership Information Only (list first and last name for each family member)

Family Member Name	M/F	Race	Birth Date	Employer
Adult:				
Child:				
Child:				
Child:				
Child:				

Recognition

- Are you a YMCA Southcoast employee? Yes No
- Would you like to volunteer? Yes No
- Would you like to be put on our email address list and receive updates, e-news, announcements, special promotions, etc. from the Y? Yes No
- Would you like towel service? Yes No
- How did you hear about the Y?

- | | | | | |
|--------------------------------------|--|---|--|---------------------------------------|
| <input type="checkbox"/> Billboard | <input type="checkbox"/> Former Member | <input type="checkbox"/> Magazine | <input type="checkbox"/> Newspaper | <input type="checkbox"/> TV |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Medical Referral | <input type="checkbox"/> Place of Employment | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Website | <input type="checkbox"/> Live in Area | <input type="checkbox"/> Member | <input type="checkbox"/> Radio | <input type="checkbox"/> YMCA |

LAST NAME

FIRST

MI

Master ID Number

Member Type

Team Done?

Office Use Only