

# YMCA of Mount Vernon Membership Form

PLEASE PRINT INFORMATION CLEARLY:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F  
 Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_  
 If referred by a member, name of referral: \_\_\_\_\_ Fitness Goal: \_\_\_\_\_

What are you most interested in?  Cardio Equipment  Free Weights  Classes  Pool  Socialization

Would you like an Equipment Orientation?:  Yes  No **If you are over age 18, do you want 24/7 access?  Yes  No**

Photo Release: I give the YMCA of Mount Vernon permission to use any photos of myself or my family members for advertising, display, printed materials or other uses:  Yes  No

MEMBERSHIP RATES: Joiner Fee: \$20 for an individual and \$30 for a couple/family (Rates are subject to change)

Youth (0-13)	Young Adult (14-20)	Adult (21-61)	Senior (62+)	Family	One-Parent Family	Senior Couple (62+)
\$24	\$28	\$48	\$43	\$70	\$65	\$65

**\*If your age changes while your membership is active and moves you into a different age category, your rate will automatically change.**

Please complete the following for a family membership (family member is defined as significant other and/or dependent children). Please let the staff know if any of your children have any medical conditions for child watch purposes.

<b>Dependents</b>	Birthdate	Gender	Phone Number
Spouses Name: _____			
Child's Name: _____			
Child's Name: _____			
Child's Name: _____			
Child's Name: _____			

"I understand that Membership does not take effect until payment information is processed. I also understand that this is a monthly perpetual membership and it is my responsibility to notify the YMCA of Mount Vernon of my intent to cancel my membership in writing by the last day of the month, in accordance with the cancellation policy. No membership dues will be refunded when facilities are not used."

"I (the member and his/her dependents) assume all risks, injuries, and property damage incidental to the use of the YMCA facility, including, but not limited to physical activities in which I (we) am (are) engaged."

"I will agree to abide by all policies and procedures of the YMCA of Mount Vernon's Code of Conduct that is set forth in the Facility Guide and understand that failure to act in accordance with these rules may result in suspension or expulsion from the YMCA and revocation of the membership."

"I understand the YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access."

"I authorize the YMCA to deduct my membership dues on the **1st** of each month in the amount of \$ \_\_\_\_\_ from my  credit/debit card with the last 4 digits ending in \_\_\_\_\_ or  checking account (voided check must be attached). I understand that if my account does not have sufficient funds on the specified draft day, the YMCA has permission to re-process the returned fees within 10 days after the original draft day." **Member's Initials:** \_\_\_\_\_

"I authorize the YMCA to deduct my membership dues in full for 6 months or 1 year in the amount of \$ \_\_\_\_\_. I understand that by paying in full there is no discount and the membership is nonrefundable once the amount is paid." **Member's Initials:** \_\_\_\_\_

Member's Signature (If under 18 - parent/guardian signature)

Today's Date

