

Membership Code _____ Membership Type _____ Membership ID# _____
 Payment Method _____
 Joiner Fee \$ _____
 Monthly Draft \$ _____
 Total Amount Paid \$ _____
 Voided check attached _____
 Staff Initials _____

Application for Membership:

Name: _____
 First Middle Initial Last
 Address: _____

 City: _____ State: _____ Zip: _____
 Birthday: ____/____/____ Sex: _____ Phone: ____/____/____
 Employer/School: _____ Business Phone ____/____/____
 Email Address: _____

Please Complete if Family Membership:

Spouse Information:
 _____ Birthdate: ____/____/____
 First Last

Children:
 1. _____ Birthdate: ____/____/____ Sex: ____
 2. _____ Birthdate: ____/____/____ Sex: ____
 3. _____ Birthdate: ____/____/____ Sex: ____
 4. _____ Birthdate: ____/____/____ Sex: ____
 5. _____ Birthdate: ____/____/____ Sex: ____
 6. _____ Birthdate: ____/____/____ Sex: ____

In Case of Emergency notify:
 Name: _____ Relationship: _____
 Home Phone: _____ Business Phone: _____

Annual Membership Rates:

Type	Bank Draft (monthly)	Joiner
Youth (14 & Under)	\$ 99.00	No Fee
Teen (Ages 15-18)	\$20.00	\$30.00
Adult (Ages 19-61)	\$37.00	\$60.00
Senior (62 & Over)	\$20.00	\$25.00
Senior Family	\$38.00	\$38.00
Family	\$50.00	\$100.00



Family plan includes husband and wife, plus children through grade 12, as well as full time college students (12 hour minimum) through age 22. Family members must be all the same immediate family or a legal dependent. Family members living in different homes or roommates DO NOT COUNT as a family unit.

MEMBERSHIP AGREEMENT:

The Laurens Family YMCA is a charitable not-for-profit membership organization. Dues are paid by the monthly bank draft plan or in full for a year. Joining fees are a non-refundable processing fee. I understand the YMCA will have no liability or responsibility for any personal injuries, or loss or damage to personal property, sustained by the member while using the YMCA facilities. Membership card must be presented to enter facility. Any member who loans their membership card to another individual will be subject to loss of membership privileges.

FULL PAYMENT:

Memberships paid in full are invoiced for annual renewal approximately 30 days prior to and are payable on YMCA renewal date. If I allow my membership to lapse for more than 30 days beyond my renewal date and I decide to rejoin later, I will be considered a new member and I will be subject to paying the first year joining fee in addition to my annual dues. Dues and joining fees are non-refundable.

MONTHLY DRAFT: Terms and Condition

I understand that this is a continuous membership plan and that this membership will remain in effect for as long as I retain the membership card issued to me. I understand 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 my membership cards upon termination, and that I will receive temporary cards for the balance of the time I have paid for or will be paying for. The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership once per year. I understand that I will receive at least four weeks prior to any such change. Should my bank for any reason not honor my membership deduction, I realize that I am still responsible for that payment, plus a service charge applied by the YMCA. This is in addition to any service fee my bank may make. I understand that it is my responsibility to notify the YMCA with 30-day written notice should I change my financial institution at any time. Membership cards remain the property of the YMCA and must be surrendered upon request.

AUTHORIZATION:

I hereby authorize the Laurens Family YMCA to initiate electronic entries in my: (Circle one)

CHECKING ACCOUNT SAVINGS ACCOUNT

Signature

Date

Informed Consent for Exercise Participation:

I desire to engage voluntarily in the YMCA exercise program and/or the use of the YMCA's facility and equipment in order to improve my physical fitness. I understand that some activities are designed to place a gradually increasing work-load on the cardio respiratory system and to thereby attempt to improve its function. The reaction of the cardio respiratory system to such activities cannot be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand that the purpose of an exercise program is to develop and maintain cardio respiratory fitness, body composition, and muscular strength and endurance. Specific exercise programs include warm-up, exercise at target heart rate, and cool-down. The programs may involve walking, jogging, swimming, or cycling (outdoor and stationary), participation in exercise fitness, rhythmic aerobic exercise, or choreographed fitness classes or calisthenics or strength training. All programs are designed to place a gradually increasing work-load on the body in order to improve overall fitness. The rate of progression is regulated by exercise target heart rate and perceived effort of exercise.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise program. I also affirm that I have been given an opportunity to ask questions concerning an exercise program, the facility, and the various machines at the YMCA and that my questions have been answered to my satisfaction.

I understand that medical clearance is not required to participate in YMCA activities or to use the facility, however, I also understand that it is in my best interest to seek medical clearance before using the YMCA's facility or before participating in any YMCA exercise program. In the event that a medical clearance must be obtained for any reason prior to my participation in the exercise program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program and to give a copy of my doctor's statement to the YMCA.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate in YMCA programs, or that I have decide to participate in activities and to use YMCA equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Also, in consideration for being allowed to participate in the YMCA exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless the YMCA and its staff members conduction the exercise program from any and all claims, suits, losses, or related causes of action for damages, including but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising from the exercise program.

I give permission for photographs to be taken of my child or me during normal program activities to be used in YMCA promotional materials without thought of remuneration.

Signature of Participant: _____ Date: _____