

# YMCA OF CENTRAL VIRGINIA MEMBERSHIP APPLICATION



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



**Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.**

# MEMBERSHIP POLICY

Members and their guests are expected to conduct themselves in accordance with the principles and practices of the YMCA.

The YMCA reserves the right to permanently revoke, temporarily suspend or deny memberships for good cause determined by the COO or the Board of Directors. Membership may be revoked or denied for, but not limited to, the following activities at the YMCA:

1. Threatening members or staff either physically or verbally.
2. Use of profanity towards staff or other members.
3. Fighting.
4. Stealing. This includes removing any YMCA property from the building.
5. Three returned bank drafts or closed accounts.
6. Letting someone else use your membership card or assisting unauthorized non-members to enter the YMCA.
7. Being under the influence of, having possession of, or selling drugs and alcohol.
8. An adult must accompany children under the age of 14 while inside the YMCA.
9. Destruction or abuse of YMCA equipment or facilities.
10. Sexual advances, activity or harassment.
11. Remaining on the YMCA premises after closing.
12. Engaging in any criminal behavior.
13. Conduct that is detrimental to the well-being of the YMCA or its members.
14. Continued violation of YMCA rules.
15. Possession of any weapon including those permitted to carry concealed weapons.
16. Camera Cellular phones are not allowed in the locker rooms.
17. You must be 18 years of age to bring in a guest under 18.
18. Unauthorized coaching or personal training is not allowed within the YMCA.
19. All members over 18 will be screened through a sex offender registry.

**Members are responsible for the actions of their guests.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FINANCIAL ASSISTANCE

It is the policy of the YMCA to provide services for anyone who desires them, regardless of ability to pay the standard membership or program fee. Interested individuals should complete the necessary application form that is available at the Front Desk.

# YMCA OF CENTRAL VIRGINIA

<b>PRIMARY ADULT</b>		Date	Title	First Name	MI	Last Name																																																																																																	
<b>HOME</b>	Mailing Address				The YMCA is committed to serving people of all ages, races, religions, and economic levels. By answering the following questions, you will help us meet this goal. The information is confidential and will not be used for any other purpose.																																																																																																		
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## WAIVER

I am an adult over 18 years of age and wish to participate in YMCA of Central Virginia membership/program activities. IN CONSIDERATION of being permitted to utilize the facilities, services and programs of 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, for himself or herself 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 inspected and carefully considered such premises and facilities or the affiliated program. In addition, I give my children permission to participate in YMCA of Central Virginia activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing me to participate in YMCA activities, I understand and expressly acknowledge that I, for myself, or anyone entitled to act on my behalf, waive and release the YMCA, sponsors, representatives, and successors from all claims or liabilities of any kind arising out of my participation in activities at or sponsored by the YMCA. You should not start an exercise program until you consult your physician

and should stop immediately upon any discomfort. Children with a history of seizures or disabilities should be accompanied by a parent or guardian depending upon the history, etc. I further agree to indemnify and save harmless the YMCA from any claims or demands arising out of any such injuries or losses. I understand that this release includes any claims based on negligence, action or inaction of the YMCA of Central Virginia, its staff, directors, members and guests. I have read, understand, and am voluntarily signing this authorization and release.

I understand that the YMCA of Central Virginia is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs.

I give my permission to the YMCA of Central Virginia to use photographs or videos which may include my image or voice for the purposes of promotion or interpreting YMCA programs.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

## MEMBERSHIP AGREEMENT

YMCA membership is a continuous membership plan. I understand that this membership will remain in effect for as long as I retain the membership card issued to me. I further understand that there are no refunds of membership dues or joining fees. Membership cards are the property of the YMCA and must be surrendered upon demand. Loan of the membership card to another person will result in loss of privileges.

I understand that participating in any type of exercise involves a risk of injury and even death and that I am voluntarily participating in these activities with knowledge of the dangers involved. I also acknowledge that it has been recommended that I have my physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I hereby agree to expressly assume and accept any and all risks of injury or death.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

### Draft Membership Agreement

Initials

I understand that monthly YMCA Membership dues are paid by my choice of automatic method (bank draft, debit or credit card charge), and are continuous, but can be canceled with **30 days** advanced written notice.

If I cancel without notice or close my bank account, or If my card expires or otherwise becomes invalid, I understand that I am responsible for my fees plus any penalties which may apply. I will promptly notify the YMCA of any changes to my chosen billing method affecting my monthly membership draft.

The YMCA Board of Directors may, at its 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 and in the event of an increase in my monthly fee, I will be given the opportunity to terminate this agreement.

I understand that if for any reason my bank or related financial institution refuses to honor a monthly draft, the YMCA reserves the right to offer membership to me on a six month paid in-advance cash basis.

I understand that I am financially responsible for all payments from my account. In order to retain my YMCA membership. Should my monthly amount not be honored by my bank or credit card institution for any reason, I agree to be responsible for that payment plus a \$20.00 service charge applied by the YMCA. This is in addition to any service fee my bank may charge.

**ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION:** I authorize my bank to honor preauthorized Electronic Funds Transfer (or credit Card institution) drawn by the YMCA of Central Virginia on my account for payments as indicated below. When the bank honors the EFT (or credit Card) by charging my account, such transfer shall continue notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit Card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

\_\_\_ I choose to utilize the EFT option form monthly payment direct debit from my checking

\_\_\_ I choose to utilize the debit/credit card payment option form monthly payment

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_