



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

Date

___/___/___

PRIMARY

Mr/Ms/Mrs	First Name	MI	Last Name	
Mailing Address		City	State	Zip
Phone	Cell Phone			
Birth Date	Email			
Employer	Work Phone			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Race <input type="checkbox"/> Caucasian/White <input type="checkbox"/> African American/Black <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____				
Emergency Contact Name & Phone Number				
Name	Phone			

CODE OF CONDUCT

Respecting the rights and dignity of others is the key to creating a safe, enjoyable family atmosphere. At the YMCA we take great pride in our ability and desire to service the needs of our members while exemplifying the mission, vision, and values.

- Always speak to others in a respectful tone
- Never use vulgar or derogatory language
- Never use physical or threatening gestures, words or actions
- Refrain from any intimate behavior or contact of a sexual nature
- Respect others property and valuables
- All use and/or possession of tobacco products, alcohol, and illegal drugs are prohibited on YMCA property
- Any type of firearm, knife, or illegal weapon is prohibited on YMCA property

2ND ADULT

First Name	MI	Last Name
Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Employer	Email	

DEPENDENTS

DEPENDENTS MUST LIVE IN YOUR HOUSEHOLD

First Name	MI	Last Name	Birth Date	Gender	School
First Name	MI	Last Name	Birth Date	Gender	School
First Name	MI	Last Name	Birth Date	Gender	School
First Name	MI	Last Name	Birth Date	Gender	School
First Name	MI	Last Name	Birth Date	Gender	School
First Name	MI	Last Name	Birth Date	Gender	School

Financial assistance is available for those who qualify

ATTACH VOIDED CHECK HERE

WAIVER

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You release the YMCA of East Tennessee, its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately (in compliance with all applicable laws of state of TN only).

I fully understand and agree that in participating in one or more of the programs, or using the facilities that shall be maintained by the YMCA, there is the possibility of accidental or other physical injury. I agree to assume the risk of such injury to me or my minor child(ren), and further agree to release, hold harmless, and indemnify the YMCA from any and all liability attributable to the YMCA by either myself, my minor child(ren), or Third Parties as a result of my or my minor child(ren)'s use of the facilities and/or instruction as offered by the YMCA.

I give my permission to the YMCA of East Tennessee to use limitation and obligation, photographs, film footage, or tape recordings which may include my image or voice for the purposes of promotion or interpreting YMCA programs.

Signature: _____ Date: _____

Membership Agreement

If my membership dues are paid through credit card or electronic funds transfer, I understand this is a continuous membership plan. I must notify the Y in writing prior to my draft date (1st or 15th) if I wish to cancel my membership. A \$30 return fee will be charged for all refused debits. Membership cards are the property of the YMCA and must be surrendered upon demand.

All membership rates are subject to change with 30 days written notice. I understand it is my responsibility to notify the YMCA of any change in address, bank account information (if utilizing bank draft for payment of dues) or credit card information/expiration date (if utilizing credit card for payment of dues).

The Joining Fee is a one-time fee as long as I remain an active member of the YMCA. If I choose to cancel or discontinue my membership for more than 90 days, a Joining Fee will be charged when I reapply for membership.

I acknowledge the waiver and membership agreement set forth above, and being in sympathy to and understanding the mission statement of the YMCA of East Tennessee, hereby apply for membership. **Membership dues are not subject to refund.**

Signature: _____ Date: _____

ELECTRONIC FUNDS (EFT) OR CREDIT CARD AUTHORIZATION

I authorize my bank to honor pre authorized Electronic Funds Transfers (or credit card charges) against my account for membership/program/contribution payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any pre authorized EFT (or credit card) not be honored by said bank when received by them, it is then 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 for monthly payment (direct debit) from my **Checking Account** **Savings Account**

Bank Name _____

Name on Account _____

Routing/Transit Number _____

Account Number _____

Authorized Signature _____

Date _____

I choose to utilize the Credit Card Payment option for my monthly payment (automatic charge to credit card)

Credit Card Type VISA MC DISC AMEX

Card Holder Name _____

Account Number _____

Credit Card Billing Address (If different than mailing address) _____

Expiration Date _____

Authorized Signature _____

OFFICE USE ONLY

Membership Number	Membership Type	Payment Method <input type="checkbox"/> Bank Draft <input type="checkbox"/> Credit Card <input type="checkbox"/> Other	Initial Payment <input type="checkbox"/> Bank Draft <input type="checkbox"/> Credit Card <input type="checkbox"/> Other	Monthly Dues	
Expiration Date	Staff Initials			Date of draft/cc payment 1st 15th	
Branch				Monthly Amount \$ _____	