



# Merrimack Valley YMCA Membership Application

New

Renewal

**Primary Member Information (Please print clearly)**

Membership # \_\_\_\_\_

Name \_\_\_\_\_ Male Female  
First Last MI

Address \_\_\_\_\_  
Street Apt/Floor# City/Town State Zip

Home Phone Number: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone Number: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: ( ) \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City/Town State Zip

Emergency Contact: \_\_\_\_\_ Emergency Number: ( ) \_\_\_\_\_

If applying for a **Household, Couple** or **Family Membership**, Please complete the following:

Name	Date of Birth	Male	Female
2 <sup>nd</sup> Primary Adult Member _____	____/____/____		
Employer of 2 <sup>nd</sup> Adult _____	Work Telephone: ( ) _____		
Dependent 1: _____	____/____/____		
Dependent 2: _____	____/____/____		
Dependent 3: _____	____/____/____		
Dependent 4: _____	____/____/____		

<b>Bank/ Credit Card Draft Authorization</b>			<input type="checkbox"/> New draft	<input type="checkbox"/> Bank Information Change
Branch: _____ Member Type: _____ Member I.D #: _____				
Member Name _____ Name on Account _____				
Address: _____				
City _____ State _____ Zip _____ Email _____				
<b>Bank/ Credit Card Draft</b>	<b>Bank Account</b>	<b>Credit Card</b>		
1 <sup>st</sup> month	<input type="checkbox"/> Savings <input type="checkbox"/> Checking	Master Card	Discover	Visa American Express
15 <sup>th</sup> month	Bank Transit # _____	Cardholder Name _____		
First Draft ____/____/____	Account # _____	Account # _____		
Would you like to make a difference in a child's life?	Monthly Draft Amount\$ _____	Signature _____		
Reach out for youth donation will be drafted		Monthly Draft Amount \$ _____		
25 <sup>th</sup> of every month)		*Expiration Date ____/____/____		
Monthly Donation\$ _____		<small>The cardholder authorizes the YMCA to extend the above credit card expiration date 2 years forward, upon its expiration, or until the membership is terminated in writing.</small>		
By signing this agreement, I authorize the Merrimack Valley YMCA to draft from my bank account or credit card my monthly membership dues. Any changes (membership category, bank account information, membership freezes, ect.) must be in writing. I understand that monthly membership dues will continue being drafted from my account until I submit a termination notice in writing. Termination notices must be submitted 5 days before bank draft is scheduled. When there are rate changes, the YMCA will provide a 30- day written notification to all EFT (Electronic Funds Transfer) members. If my EFT payment is not honored by my bank, I understand I am responsible to pay the monthly membership dues plus a \$20 service charge upon notification from the YMCA. I acknowledge that the authorization of ACH (automated Clearing House) transactions to an account must comply with the provisions of the U.S Law.				
Signature _____ Date ____/____/____ Staff Initials _____				

**Please complete BOTH sides of this application**

## RELEASE AND WAIVER OF LIABILITY/INDEMNITY AGREEMENT/PHOTO RELEASE

IN CONSIDERATION of gaining membership or being permitted to utilize the facilities, services, and programs of the YMCA (or for my children to so participate) for any purpose including but not limited to observation or use of facilities, equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, or next of kin hereby acknowledges, agrees, and represents that he or she has or immediately upon entering or participating will inspect and carefully consider such premises and facilities of the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities, equipment, or participation in such affiliated programs constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES, EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- #1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assignees, heirs, and next of kin for any loss or damage or any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises, facilities, or equipment therein or participating in any program affiliated with the YMCA.
- #2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, SAVE, AND HOLD HARMLESS the releases from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
- #3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases while in, about, or upon the premises of the YMCA and/or while using the premises, facilities, or equipment thereon or participating in any program affiliated with the YMCA.
- #4. The YMCA does not condone staff privately providing childcare for program participants. Parents or guardians who hire child care providers from among YMCA staff understand that the YMCA is not responsible for staff who conduct outside employment and hereby releases the YMCA from any liability for acts or omissions of any staff who provide child care outside of YMCA employment.
- #5. By signing this Agreement I hereby give my permission for the YMCA to take my photograph or a photograph of my children and use or publish this likeness for YMCA purposes and I release the YMCA from any claims for such use.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE AND WAIVER OF LIABILITY/INDEMNITY AGREEMENT/PHOTO RELEASE is intended to be as broad and inclusive as is permitted by the law of the State of Massachusetts. If any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNED THE RELEASE AND WAIVER OF LIABILITY/ INDEMNITY AGREEMENT/PHOTO RELEASE and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

\_\_\_\_\_ **I HAVE READ THIS RELEASE- Signature**

**What at the YMCA interests you? (Please circle all that apply to you).**

Family Activities      Child Care      Aquatics Programs      Group exercise      Personal Training      Camps  
 Youth & Teen Programs      Strength Training      Volunteerism      Other: \_\_\_\_\_

**Where did you hear about the YMCA? (Please circle all that apply to you).**

Local radio      Friend      YMCA brochure      Social Media      Member      Website  
 National Recognition      Newspaper      Doctor      Employee      Other: \_\_\_\_\_

The following questions are for YMCA and United Way Statistics only, these questions are **optional**.

**Marital Status:**      Single      Married

**Ethnic Code:** (C) Caucasian    (B) Black    (A) Asian    (H) Hispanic    (N) Native American    Other \_\_\_\_\_

**Primary Language:** (E) English    (A) Asian    (S) Spanish    (B) Bilingual  
 Other \_\_\_\_\_

**Income Level:**      Less than \$5,000      \$5,000 – 10,000      \$10,000 - \$25,000      \$25,000 - \$30,000  
                                  \$30,000 - \$45,000      \$45,000 - \$60,000      \$60,000 - \$75,000      Over \$75,000

\_\_\_\_\_ **PRINTED MEMBER NAME**

\_\_\_\_\_ **MEMBER SIGNATURE**

\_\_\_\_\_ **STAFF INITIALS**

**This section to be completed by YMCA Staff Only**

Membership Type Code: \_\_\_\_\_  New Member(s) received members Handbook

Amount Receive	Name of person paying	Receipt#
Start Date	Expire Date : _____ Received By : _____	<input type="checkbox"/> All family members are entered into Daxko
	Member ID checked <input type="checkbox"/>	