



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Membership Application

Membership Type: ADULT HOUSEHOLD 2 PERSON HOUSEHOLD SINGLE PARENT YOUTH YOUNG ADULT SENIOR

## Primary Member/ Adult for Minors (1)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender M / F

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Adult Member (2)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender M / F

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ By initialing, permission is NOT given to the YMCA of Ashland Ohio to use a members photos/videos for promotional material either printed or web based.

## Minor Members: (List Last Name if Different)

#	Dependent/Children's Name	M/F	DOB	Age	Relationship	Allergies	School/Grade
03							
04							
05							
06							
07							

MEDICAL CONDITIONS OR SERIOUS ILLNESS: \_\_\_\_\_

### BEHAVIOR AGREEMENT

I give the above child(ren) permission to be at the YMCA without my presence and understand that I as the parent and responsible for their behavior. I understand that if my child is acting out or not behaving according to the YMCA of Ashland Ohio expectations that I will be called and asked to come in for a conference. Rules of the facility are given out to all guest pass families and children when they purchase one at the desk.

Parent's Initials: \_\_\_\_\_ Child's Initials: \_\_\_\_\_

## How did you hear about us?

Former Member Friend/Family Social Media Employer Mail Other: \_\_\_\_\_

## Areas of Interest:

Fitness Aquatics Family Recreation Childcare Programs Other: \_\_\_\_\_



PERMISSION FOR TREATMENT AND DISCHARGE

I \_\_\_\_\_ grant permission for the YMCA of ASHLAND Ohio AND IT'S STAFF to obtain necessary medical attention in case of illness or injury for the above named individuals. I the undersigned do hereby release and hold harmless the YMCA of ASHLAND OHIO AND IT'S STAFF from any claims, suits or losses including claims resulting from injury or death, accidental or otherwise, past, present or future, while visiting the facility as a guest, participating in a program or event.

\_\_\_\_\_  
(Parents signature)

\_\_\_\_\_  
(Date)

CHECKFREE MEMBERSHIP AGREEMENT

I understand that I am committing to a membership at the YMCA of Ashland Ohio. I am in full control of my payment using checkfree withdrawal as a payment method, which will come out of my checking, savings or credit card account monthly between the 14-18 of each month. If I wish to cancel my membership I understand that the Ashland YMCA must receive a signed cancellation form by the last business day of the month to stop the next month's draft. If at any time I decide to make a change to the EFT (electronic fund transfer) service, I must submit a membership change form.

There will be a \$ 15.00 charge for all returned or denied transactions and facility usage will be suspended until the account is brought current. After two consecutive failed drafts the membership will automatically be terminated and we reserve the right to turn it over to RBC Collection agency.

I \_\_\_\_\_ authorize my bank to make payment to the YMCA of ASHLAND Ohio by the method indicated below, and post it to my account.

Pay in full \$ \_\_\_\_\_

Bank Draft: Attach voided check

Account # \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

Routing # \_\_\_\_\_

Bank Name \_\_\_\_\_

Credit Card: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover Monthly Payment \$ \_\_\_\_\_

Name on card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Address: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

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

FOR OFFICE USE:

Join Date: \_\_\_\_\_

PAID IN FULL

CHECKFREE

INSURANCE

AGENCY