



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

		-								
--	--	---	--	--	--	--	--	--	--	--

## FAMILY YMCA OF MARION AND POLK COUNTIES Membership Application

Please select a membership type:

- Family\*
- Adult
- College
- Senior
- Senior Couple
- Teen
- Other \_\_\_\_\_

- Part-time YMCA Staff
- Full-time YMCA Staff
- Add Towel Service Fee - Single (Salem only)
- Add Towel Service Fee—Couple (Salem only)
- Resident (Silver Falls/Santiam only)
- Non-Resident (Silver Falls/Santiam only)
- Association Membership

*\*Family is defined as one household of one or two adults (husband and wife or domestic partners) and dependent children 22 years of age and younger who live at home*

### FOR A BETTER US CAMPAIGN DONATION

Annual Campaign Donations provide scholarships for financially-challenged youth and families. I want to support the annual campaign by adding the following amount to my monthly bank draft.

\$25  \$15  \$10  \$5  Other \$ \_\_\_\_\_

Donor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Salem YMCA  M/I YMCA  Silver Falls YMCA  Stayton YMCA

### PRIMARY MEMBER

First Name		MI	Last Name		
Mailing Address			City	State	Zip
Home Phone		Email			
Cell Phone		Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Employer			Work Phone		

### 2nd ADULT MEMBER or Parent/Guardian for applicants under 18 years

First Name		MI	Last Name		
Mailing Address			City	State	Zip
Home Phone		Email			
Cell Phone		Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Employer			Work Phone		

### DEPENDENTS

First Name	MI	Last (if different)	Birth Date	Gender	School
				M / F	
				M / F	
				M / F	
				M / F	
				M / F	
				M / F	

### EMERGENCY CONTACT

(Other than in your household)  
Required for all memberships

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please complete reverse side

## FAMILY YMCA OF MARION & POLK COUNTIES MEMBERSHIP WAIVER

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the Family YMCA of Marion & Polk Counties 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 Family YMCA of Marion & Polk Counties 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 will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the Family YMCA of Marion & Polk Counties for observation or use of any facilities or equipment or participation in such affiliated program constitutes and acknowledgement that such premises and all facilities and equipment thereon and such affiliated program 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. That neither I nor any person listed on this membership has ever been convicted of a sexual offense or registered as a sex offender in any jurisdiction. I give my permission to the Family YMCA of Marion & Polk Counties to use limitation and obligation, photographs, film footage, or tape recordings which may include my image and the image of anyone on my membership for purposes of promoting or interpreting YMCA programs.

**Please initial below:**

\_\_\_\_\_ I HEREBY RELEASE, WAIVE, DISCHARGE AND CONVENANT NOT TO SUE the Family YMCA of Marion & Polk Counties and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of myself, whether caused by the negligence of the releases or otherwise while I am in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

\_\_\_\_\_ I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of myself in, upon or about the Family YMCA of Marion & Polk Counties premises or in any way observing or using any facilities or equipment of the Family YMCA of Marion & Polk Counties or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.

\_\_\_\_\_ I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of release or otherwise while in, about or upon the premises of the Family YMCA of Marion & Polk Counties and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Family YMCA of Marion & Polk Counties.

\_\_\_\_\_ THE FAMILY YMCA OF MARION & POLK COUNTIES HAS THE RIGHT TO TERMINATE YOUR YMCA PRIVILEGES ANYTIME IF:  
 a) it appears that you are taking actions or doing things that are contrary to the YMCA Mission, or  
 b) it appears that your are involved in criminal acts, or  
 c) you are acting in ways that disrupts the YMCA's operations or the activities of members or staff.

\_\_\_\_\_ I further expressly agree that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Oregon and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

\_\_\_\_\_ **CANCELLATION POLICY:** If at any time there is to be a change, deletion or cancellation of my membership, it is to be submitted in writing to the Family YMCA of Marion & Polk Counties within a minimum of 30 days prior to your scheduled draft date. For example, to stop a bank draft prior to your scheduled 15th of the month draft date, the YMCA must receive written notification no later than the 14th of the prior month. No cancellations accepted by phone, fax or mail. Failure to do so will result in that month's EFT being non-refundable. A voided check is required with all bank EFT information. The Family YMCA of Marion and Polk Counties does not, under any circumstance, reimburse for bank fees or charges. Billing or payment errors of any nature will be remedied through in-house credits. Membership fees are non-refundable. If at the time of membership cancellation there is a balance that remains unpaid, the Family YMCA of Marion and Polk Counties may draft the unpaid amount from the pre-authorized account.

\_\_\_\_\_  
 Signature of Participant                      Signature of Participant                      Date                      Signature of Parent or Guardian                      Date

## ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

I authorize my financial institution to honor pre-authorized drafts drawn by the Family YMCA of Marion and Polk Counties on my account for membership payments. It is understood that your sending of a preauthorized draft to the financial institution as a payment becomes due shall constitute valid notice of such payment due on this membership. When my financial institution honors the draft by charging my account, such drafts constitute my receipt for payment. **I understand that there is a \$25 NSF fee for all returned checks, EFT, debit card, credit card or ACH payments. I will pay the NSF amount plus the NSF fee immediately upon my check being returned to me by the YMCA. I understand that two (2) payments drawn on insufficient funds may forfeit future membership privileges.** If account holder is under the age of 18 a parent or legal guardian must sign.

**MONTHLY DRAFT DATE:**

- 1ST  
 15TH

**ACCOUNT TYPE:**

- CHECKING  
 SAVINGS  
 CREDIT/DEBIT CARD

\_\_\_\_\_  
**BANK NAME**

\_\_\_\_\_  
**NAME ON ACCOUNT OR CARD**

**LAST FOUR # OF CARD**  
 (FOR CREDIT/DEBIT CARDS ONLY)

\_\_\_\_\_  
**SIGNATURE OF PAYEE**

\_\_\_\_\_  
**DATE**

**ATTACH VOIDED  
 CHECK HERE**

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**

\_\_\_\_\_  
**DATE**

**FOR OFFICE USE ONLY**

**DATE OF APPLICATION:** \_\_\_\_\_ **STAFF INITIALS:** \_\_\_\_\_

- Membership Cards     New Member     Packet Tour     Photo ID Check