

GALION COMMUNITY CENTER YMCA

MEMBERSHIP APPLICATION

Please print

First Name: _____ Last Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Date of Birth: _____ Age: _____ Sex: M or F Member #: _____
 Home Phone: _____ Email: _____
 Employer: _____ Work Phone: _____
 Spouse: _____ Date of Birth: _____ Age: _____ Sex: M or F
 Employer: _____ Emergency #: _____

NAME

EXPIRATION DATE

DEPENDENT'S INFORMATION:

Full Name: _____
 Birth Date: _____ Age: _____ Sex: M or F

Full Name: _____
 Birth Date: _____ Age: _____ Sex: M or F

Full Name: _____
 Birth Date: _____ Age: _____ Sex: M or F

Full Name: _____
 Birth Date: _____ Age: _____ Sex: M or F

Full Name: _____
 Birth Date: _____ Age: _____ Sex: M or F

DATE	FEE PAID	EXPIRATION	CARDS	STAFF

MEMBERSHIP TYPE:

- 1110 Adult
- 1115 Adult (62+)
- 1120 Youth (0-18)
- 1140 Household III
- 1145 Household IV
- 1150 Household I
- 1155 Household II

PAYMENT METHOD:

- 1 Annual
- 2 Bank Draft
- 3 Three Pay Plan
- 4 Payroll Deduction
- 5 Silver Sneakers
- 6 Scholarship
- 7 Program Participant
- 8 Non Member

**See reverse side of application for conditions of membership and waiver/acceptance.*

CONDITIONS OF MEMBERSHIP: All members are required to present a valid membership card for identification when using YMCA facilities and programs. All members are subject to a background check upon application. All members will be expected to have a complete understanding of the proper etiquette as a YMCA member and conduct themselves accordingly. The Galion YMCA step down discipline policy will be enforced and followed. Membership in the YMCA is a privilege, and the YMCA reserves the right to cancel anyone's membership if it deems such action to be in its best interest.

Membership privileges and cards are not transferable. The card remains the property of the Galion Community Center YMCA, and must be returned upon request. There is a \$5.00 replacement fee for cards.

WAIVER: I understand that the Galion Community Center YMCA assumes no responsibility for injuries or illness which I or my family members/wards sustain as a result of my or their physical condition. I also understand that my or their participation in any athletic activities, sports programs, the use of exercise equipment, or other activities is of no responsibility of the Galion Community Center YMCA.

On behalf of myself and my family, I hereby release and discharge the Galion Community Center YMCA, its agents, servants, and employees from any and all claims of injury, illness, death, loss or damage which I or my family may suffer as a result of my or their participation in these activities.

ACCEPTANCE: I acknowledge the Waiver and accept the Conditions of Membership set forth above and hereby apply for membership.

Member Signature

Date

Parent or Guardian Signature

Date