



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

Welcome to the YMCA of Hannibal!

Member Day Pass NWM (Nationwide)

Today's Date ___/___/___

Primary Contact Information (Adult 18 +)

Primary Adult First Name	Primary Adult Last Name	___/___/___ <input type="radio"/> M <input type="radio"/> F
Home Address	City	State Zip
Primary Phone Number	Secondary Phone Number	Primary Email Address
Employer	Employer Phone Number	
Emergency Contact	Relationship	Phone Number

Member ID _____

Household Members

First Name (and Last if different)

Date of Birth

Gender

Race/Ethnicity

Additional Adult

1.

Dependents

2.

3.

4.

5.

6.

Last Name _____

Membership Type

Note: The following rates are for one year or ACH only

___ Youth (\$180 or \$15)

___ Adult (\$486 or \$40.50)

___ Household (\$660 or \$15)

___ Student (\$198)

___ Single Parent Family (\$540 or \$45)

___ Student Block (\$70)

___ Senior Citizen Couple (\$516 or \$43)

___ Senior Citizen Adult (\$396 or \$33)

Areas of Interest

- Adult Sports Child Care
 Social Activities Swimming
 Summer Camp Fitness Center
 Group Exercise Family Activities
 Water Fitness Youth Sports
 Senior Activities Teen Activities
 Volunteering Other _____

How did you hear about the Y?

Employer Referral (name): _____

Member Referral (name): _____

Other: _____

Locker Rental

Do you wish to rent a locker?

___ Yes ___ No If yes, ___ M ___ F

Locker # _____ Locker # _____

CONDITIONS OF FACILITY ACCESS

The Y reserves the right to cancel a membership at any time. Any member, guest, or applicant whose actions are not deemed to be in the best interests of the organization may have their membership or application denied.

MEMBER'S RESPONSIBILITY IN CONNECTION WITH USE OF THE FACILITY: You (each member of your family and all guests) should consult with a physician before using our services and facilities. You agree that you will not use the facilities with any medical condition, including open cuts, abrasions, sores, infections, maladies or inability to maintain personal hygiene, if such condition poses a direct threat to yourself or to others. Failure to comply with this agreement could result in suspension or termination of membership privileges.

ASSUMPTION OF RISK: You (each family member and guests) agree that if you engage in any physical exercise or activity, or enter the premises of the branch you do so at your own risk. This includes, without limitation, your use of the locker room, any pool, whirlpool, sauna, steam room, or any equipment within the branch and your participation in any activity, class, program or instruction as well as your use of or presence on the parking area or sidewalk. You agree that you are voluntarily participating in these activities. You assume all risk of injury or the risk of contraction of any illness or medical condition that might result, or any damage, loss or theft of any personal property.

WAIVER AND RELEASE OF LIABILITY: In return for use of the facilities of or entry on the premises of the branch, you agree on behalf of yourself (and each family member and guest) to not sue and to release from any and all liability the YMCA of Hannibal (and our affiliates, employees, agents, representative, successors and assigns) from any and all claims or causes of action (known or unknown) arising out of negligence of the YMCA of Hannibal. This waiver of release and liability includes, but is not limited to, injuries which may occur as a result of (a) Your use of any exercise equipment or facilities, which may malfunction or break; (b) Our improper maintenance of any exercise equipment or facilities, which may malfunction or break; (c) Our NEGLIGENT instruction or supervision; (d) Your slipping and falling while in the branch or on the premises including parking areas and sidewalks. By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

INDEMNIFICATION AND HOLD HARMLESS: You further agree that You WILL INDEMNIFY AND HOLD HARMLESS THE YMCA OF HANNIBAL, THEIR OFFICERS, AGENTS, AND EMPLOYEES, from any loss, liability, damages or cost of any kind that THE YMCA may incur as the result of any injury to yourself or to any member of your family even if it is contended that any such injury was caused by NEGLIGENCE of the part of the YMCA of Hannibal.

SEX OFFENDER REGISTRY: The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

Primary Adult (printed name)	Signature	Date
Additional Adult (printed name)	Signature	Date

I (We) authorize and request the YMCA of Hannibal to charge my (our) checking/savings or credit card account for my (our) monthly fee and, if checked below, for monthly donations to the YMCA Annual Campaign. I (We) further authorize the financial institution to process these fees. I (We) understand fees are non-refundable and non-transferable. I (We) understand charges are continuous. If, for any reason, a payment is not honored by the financial institution, a service fee will be charged on any returned transaction. I realize I am still responsible for my payment including the service fee applied by the YMCA for each return incurred. This is in addition to any service fee my (our) financial institution may charge. The YMCA will resubmit a returned payment automatically and will notify me (us) with any issues. Two or more returns could result in termination of service. I (We) understand charges are continuous and it is my (our) responsibility to notify the YMCA in person to discontinue my (our) services and automatic payments. **I (We) understand cancellation requests must be submitted in writing on or before the 20th of the month prior to my (our) next draft date.** If I (we) notice a discrepancy on my (our) statement, I (we) will notify the YMCA promptly. I (We) understand refunds are not issued for discrepancies 90 days or more. The Y reserves the right to discontinue service at any time. Any member, guest, or applicant whose actions are not deemed to be in the best interests of the organization may have their membership or application denied.

Payment Authorization Signature (Must be at least 18 years of age)	Date
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Member ID	Draft Amount	Joiner Fee	Amount Paid	Financial Assistance
Membership Type	Draft Date	Locker Rental Fee	Corporate Partner	YMCA Staff