



Johnson County Family YMCA

Membership Application

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Membership Type

- | | |
|--|--|
| <input type="checkbox"/> Student (10 - 17) ‡ | <input type="checkbox"/> Senior Citizen (62+) |
| <input type="checkbox"/> College Student ‡‡ | <input type="checkbox"/> Senior Citizen Flex ** |
| <input type="checkbox"/> Adult (18 - 61) | <input type="checkbox"/> Senior Couple * |
| <input type="checkbox"/> Adult Couple | <input type="checkbox"/> Senior Couple Flex */** |
| <input type="checkbox"/> Family | |

‡ - Requires one adult (18+) to be listed on account as well

‡‡ - Proof of Full-Time Enrollment

* - Only one member needs to be 62+

** - May be put on hold for up to three (3) months in a 12 month period

Primary Member *(Parent for Student Membership)*

First Name

Last Name

Gender

Birthdate

Contact Information

Home Address

City

State

Zip

Primary Phone

Alternate Phone

Email *(Online Account Access & Email List)*

Emergency Contact

Emergency Phone

Employer

Additional Members

First Name

Last Name

Gender

Birthdate

First Name

Last Name

Gender

Birthdate

First Name

Last Name

Gender

Birthdate

First Name

Last Name

Gender

Birthdate

First Name

Last Name

Gender

Birthdate

Email List

I would like to receive occasional email from the Johnson County Family YMCA in regards to:

☐ Child Care

☐ Special Events

☐ Personal Training

☐ Youth Athletics

☐ Adult Athletics

☐ Fitness Classes

☐ Swim Lessons

☐ Aquatics Classes

Membership Payment Information

I would like to pay for my membership using the following time frame:

<input type="checkbox"/> Annually	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly
If I am not paying Monthly, please renew my membership by:			<input type="checkbox"/> on the 1st
<input type="checkbox"/> Invoice	<input type="checkbox"/> Draft		<input type="checkbox"/> on the 20th

For Draft Memberships

I would like to use the following payment method for my draft:

<input type="checkbox"/> Bank Account (<i>Monthly Only</i>)	<input type="checkbox"/> Credit/Debit Card (<i>All Time Frames</i>)
<input type="checkbox"/> Please also use the above payment method to pay for the Joining & Prorate Fees.	

Agreement and Release of Liability

By joining the Johnson County Family YMCA, members agree to abide by all policies that are in place.

Johnson County Family YMCA Memberships are non-transferable and non-refundable.

The Joining Fee is paid once unless membership lapses for more than one (1) month.

The Johnson County Family YMCA must be given notice at least three (3) business days in advance of the next draft date to cancel membership without being charged for another month.

The Johnson County Family YMCA email list can be unsubscribed from at any time.

The Johnson County Family YMCA does not provide accident insurance. There is an inherent risk in all physical activities and members assume such risk. Any and all injuries incurred are the responsibility of the member to provide payment for.

By signing below, I hereby agree to the above policies and that for myself, my heirs, executors, and administrators, waive and release any and all rights and claim damages I may have against the Johnson County Family YMCA or their respective agents, successors, or assignees for any and all injuries which may be suffered by me in connection with the Johnson County Family YMCA.

Primary Member Signature

Date

Donate to the Y | Every Dollar Counts

Your contributions have a significant impact. Even a small donation can give access to a Y Membership and to Y Programs that can inspire a lifetime of health and wellness. *Donations are Tax Deductible.*

☐ I would like to donate:

<input type="checkbox"/> One Time	Donation Amount:	\$ <input type="text"/>
<input type="checkbox"/> Monthly	Donation Amount:	\$ <input type="text"/>
<input type="checkbox"/> Use My Draft Method Above (<i>If Applicable</i>)		
<input type="checkbox"/> Bank Account		
<input type="checkbox"/> Credit/Debit Card		

For Office Use

Unit ID#

Notes

Staff Signature