



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

# **BE A PART OF SOMETHING GREATER**

**Membership Application  
BRAD AKINS BRANCH**



YMCA Mission: "To put Christian principles into practice through programs that build healthy spirit, mind, and body for all."

STAFF: \_\_\_\_\_

## Because I give, they can come to the Y!

Our community is constantly facing new challenges that create the need for the work we do everyday. Through our annual campaign, we enable ALL, no matter of their circumstances or ability to pay, the opportunity to participate in our programs. Our annual campaign is funded by the generosity of the community to succeed in our mission.

Your contribution could help a child play soccer or learn swimming skills, enable a family to join and create friendships and obtain a healthier life style, or enable a child to participate in Summer Camp to build confidence and new friendships.

### OPTION ONE:

I would like to contribute to the annual campaign by giving a monthly pledge in the amount of: (the contribution will be added to your monthly membership draft)

- \$5
- \$10
- \$15
- Other \$ \_\_\_\_\_

I authorize the YMCA of Georgia's Piedmont to deduct my contribution from my bank account / credit card monthly. I understand the deduction will continue as long as the membership is active or until the contribution is cancelled in writing.

\_\_\_\_\_  
Donor Name (Print)

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

### OPTION TWO:

Instead of a monthly contribution, I would like to give a one-time donation in the amount of \$ \_\_\_\_\_.

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



# MEMBERSHIP APPLICATION

## PRIMARY ACCOUNT HOLDER'S INFORMATION

Information written should reflect information on driver's license.

HAVE YOU PREVIOUSLY BEEN A MEMBER OR PARTICIPATED AT THE BRAD AKINS YMCA?  Yes  No

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER:  FEMALE  MALE MARITAL STATUS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET, CITY, ZIP CODE AS ON DRIVER'S LICENSE

PRIMARY PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ Is this a cell phone?  Yes  No  
Would you like to receive text notifications?  Yes  No

PRIMARY EMAIL (REQUIRED): \_\_\_\_\_

### EMERGENCY CONTACT (In addition to spouse)

NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

## ADDITIONAL ADULT MEMBERS IN HOUSEHOLD (ALL adults 18 years and older must sign waiver)

Proof of residency is required. Driver's license must match address listed above. If address does not match, a utility bill or bank statement is needed.

### Additional Adult 1:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER:  FEMALE  MALE MARITAL STATUS: \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ PREFERRED EMAIL: \_\_\_\_\_

RELATIONSHIP TO PRIMARY: \_\_\_\_\_

### Additional Adult 2:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER:  FEMALE  MALE MARITAL STATUS: \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ PREFERRED EMAIL: \_\_\_\_\_

RELATIONSHIP TO PRIMARY: \_\_\_\_\_

### Additional Adult 3:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER:  FEMALE  MALE MARITAL STATUS: \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_ PREFERRED EMAIL: \_\_\_\_\_

RELATIONSHIP TO PRIMARY: \_\_\_\_\_

\*\*\*Children can be listed on the reverse side

## CHILDREN IN HOUSEHOLD (ALL dependents 18 years and older must sign waiver)

Please list the children residing within the household. Proof of residency may be required.

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER:  FEMALE  MALE  
RELATIONSHIP TO PRIMARY: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER:  FEMALE  MALE  
RELATIONSHIP TO PRIMARY: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER:  FEMALE  MALE  
RELATIONSHIP TO PRIMARY: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER:  FEMALE  MALE  
RELATIONSHIP TO PRIMARY: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER:  FEMALE  MALE  
RELATIONSHIP TO PRIMARY: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER:  FEMALE  MALE  
RELATIONSHIP TO PRIMARY: \_\_\_\_\_

**PAYMENT OPTIONS:** YMCA memberships are paid in full bi-annually/annually or paid monthly via automatic draft.

Choose a payment option.

**Monthly Draft Option**  
✍ Complete Section A

**Term Payment Option**  
✍ Complete Section B on reverse side

**MONTHLY DRAFT OPTION**

**YMCA BANK/CREDIT CARD DRAFT MEMBERSHIP AGREEMENT**

PLEASE INITIAL EACH OF THE FOLLOWING:

**A**

- \_\_\_\_\_ 1. I understand bank/credit card draft membership is a continuous plan and will stop only when a written request is received in writing thirty (30) days prior to my next draft date.
- \_\_\_\_\_ 2. I understand all membership and joining fees are non-refundable, unless it is a YMCA error.
- \_\_\_\_\_ 3. I understand I need to notify the YMCA immediately of any change in my bank account number, debit card or credit card, if my card is lost or stolen, if I stop payment, or if I close my account. Any charges incurred due to changes made without prior notification will be my responsibility and will incur a \$30 service fee to cover bank and administrative fees.
- \_\_\_\_\_ 4. I understand my membership rate is subject to increase and I will receive thirty (30) days notice prior to the increase.
- \_\_\_\_\_ 5. I understand all membership and/or program balances must be paid prior to membership termination acceptance.
- \_\_\_\_\_ 6. I understand all drafts returned as "NON-SUFFICIENT FUNDS" (NSF) will accrue a \$30 fee. This is in addition to any service fee my bank may charge. .
- \_\_\_\_\_ 7. I understand membership dues and similar payments are not deductible as charitable contributions.

**By signing below, I understand and agree to the terms of a Bank Draft membership as indicated above.**

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date mm/dd/yyyy

**FOLLOW THE STEPS BELOW TO COMPLETE YOUR DRAFT AGREEMENT.**

**1 METHOD OF PAYMENT:**

- Electronic Funds Transfer (EFT) - Attach voided check below**
- Credit / Debit card: VISA or MASTER CARD or DISCOVER**

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

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

**2**

**CHOOSE DRAFT DATE:**

- 1st**                       **15th**

**3**

**MONTHLY DRAFT AMOUNT**

\$ \_\_\_\_\_

**SEMI-ANNUAL & ANNUAL PAYMENT OPTION**

**Six Month Membership**

**Annual Membership**

**B**

I understand there are no refunds on membership dues or joining fees. If I choose to terminate my membership before the six month or year period I purchased has ended, I will not receive any refund. I understand if I do not renew my membership within thirty (30) days of the expiration date, I will be subject to a joining fee upon returning.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# YMCA OF GEORGIA'S PIEDMONT PARTICIPATION WAIVER (ALL MEMBERS 18 YEARS OLD AND OLDER MUST SIGN WAIVER...ATTACH ADD'L WAIVER PAGE IF NEEDED)

## CONDITIONS OF MEMBERSHIP

All members are required to present a valid membership card for identification when using YMCA facilities and programs. Membership privileges and cards are not transferable, remain the property of the YMCA of Georgia's Piedmont, and must be returned upon request. The YMCA reserves the right to refuse or revoke any membership. The YMCA utilizes a national database to verify registered sex offenders (Raptor) and reserves the right to deny access to the YMCA based on the information obtained by this database. Membership is continuous based on the method of payment.

As a member / participant in programs offered through the YMCA of Georgia's Piedmont for either myself or my child, the undersigned acknowledges and agrees to the following:

1. The YMCA is a Christian organization and that my child and I are expected to conduct ourselves in accordance with the teachings of Jesus Christ.
2. I give my permission to the YMCA of Georgia's Piedmont for the use of photos and slides that may be taken of my child or of myself and to use, without limitation or obligation, photographs, film footage, or tape recordings which may include either my image or voice or the image and voice of my child for purposes of promoting or interpreting YMCA programs.
3. I understand the YMCA of Georgia's Piedmont assumes no responsibility for injuries or illness which I or my child may sustain because of physical condition or resulting from participation in any athletic activities, sports programs, the use of any equipment, exercises, or other activities while on the property of or in conjunction with any activity held, coordinated, or sponsored by the YMCA of Georgia's Piedmont. In consideration of the privilege of participation at the YMCA, I hereby voluntarily release and discharge the YMCA of Georgia's Piedmont, its officers, directors, employees, agents, and/or servants from any claims whatsoever, including for injury, illness, or disease (including without limitation, COVID-19) death, loss, or damage which I or my child may suffer because of my/his/her participation in these activities. I understand that no accident or medical insurance is provided with these activities. I fully indemnify and hold harmless the YMCA of Georgia's Piedmont, its officers, directors, and employees from all claims.
4. I understand the YMCA of Georgia's Piedmont is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities, participating in YMCA activities, or on YMCA premises.
5. While the YMCA of Georgia's Piedmont will make every attempt to provide reasonable accommodations for mentally and physically challenged children and adults, the YMCA will not accept children or adults that are (a) of danger to themselves, (b) of danger to others, or (c) a disruption to the normal activities making it unreasonably difficult for other children or adults to enjoy YMCA programs and activities. Any of the above reasons will be grounds for dismissal from YMCA programs and activities. We strongly recommend that you discuss with YMCA of Georgia's Piedmont staff any special conditions or circumstances involving your child or an adult member in your household. We request that you do this PRIOR to registration so that we can advise you as to whether we can make a reasonable accommodation for your child or adult household member.
6. 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.
7. Personal trainers / coaching for wellness or athletics must be approved by the YMCA of Georgia's Piedmont. We do not allow members, non-members, or guests to train in our facility.

## ACCEPTANCE

I have read and voluntarily signed this **waiver and release** of liability and **indemnification** agreement, and further agree that no oral representation, statements, or inducements apart from the foregoing written agreement have been made. I also accept the Conditions of Membership as well as the conditions imposed upon participants, both youth and adult, in activities and programs provided by the YMCA of Georgia's Piedmont.

<b>Print Name (required for all participants 18 &amp; older)</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Date of Birth</b>

<b>Print Name (required for all participants 18 &amp; older)</b>	<b>Date</b>	<b>Signature</b>	<b>Date</b>	<b>Date of Birth</b>

**(attach a separate waiver sheet if needed)**

## FOR YMCA USE ONLY

**JOIN DATE:** \_\_\_\_\_ **TODAY'S TOTAL PAYMENT: \$** \_\_\_\_\_ **PAYMENT TYPE:** Cash Check Credit Card

**MEMBERSHIP TYPE:** \_\_\_\_\_ **STAFF INITIALS:** \_\_\_\_\_

Please check all that apply. If there are items missing, please comment below.

- |   |   |
|---|---|
| <input type="checkbox"/> COPY OF DRIVER'S LICENSE FOR ALL ADULTS<br><input type="checkbox"/> VERIFY RESIDENCY AND DEPENDENCY (if DL address does not match address on application)<br><input type="checkbox"/> CHECKED ALL ADULT MEMBERS THROUGH SEX OFFENDER SCREENING<br><input type="checkbox"/> ISSUED KEYCARDS TO ADULTS WITH VALID ID & RESIDENCY<br><small>(Including all children over the age of 13)</small><br><input type="checkbox"/> ADVERTISED AND BOOKED A FITNESS ORIENTATION | <input type="checkbox"/> SIGNED PARTICIPANT WAIVER<br><input type="checkbox"/> VERIFY EMPLOYMENT FOR CORPORATE MEMBERS (if applicable)<br><input type="checkbox"/> PHOTOGRAPHED ALL NEW MEMBERS<br><input type="checkbox"/> GIVEN WELCOME BAG OR MEMBERSHIP HANDBOOK<br><input type="checkbox"/> SCHOLARSHIPS - PRE-CANCEL MEMBERSHIP (12 MONTHS LATER) |
|---|---|

**COMMENTS:** \_\_\_\_\_