

# Charlotte County Family YMCA Membership Application

**Name**

|                        |              |                |                                      |           |            |                   |
|------------------------|--------------|----------------|--------------------------------------|-----------|------------|-------------------|
| <b>last</b>            | <b>first</b> | <b>initial</b> | <u>Family Members</u>                | <u>MI</u> | <u>Sex</u> | <u>Birth Date</u> |
| <b>Address</b>         |              |                |                                      |           |            |                   |
| <b>City</b>            |              |                | <b>State</b>                         |           | <b>Zip</b> |                   |
| <b>Home Phone</b>      |              |                | <b>Employed By/School Attending:</b> |           |            |                   |
| <b>Work/Cell Phone</b> |              |                | <b>Occupation:</b>                   |           |            |                   |
| <b>Date of Birth</b>   |              | <b>Sex</b>     |                                      |           |            |                   |
| <b>Emergency#</b>      |              |                |                                      |           |            |                   |
| <b>Email Address</b>   |              |                |                                      |           |            |                   |

|  |   |   |   |
|--|---|---|---|
| <b>Type of Membership</b>  | <b>Type of Payment</b>  |   | (Provide Last Name If Different)  |
| <input type="checkbox"/> Youth<br><input type="checkbox"/> Teen<br><input type="checkbox"/> College<br><input type="checkbox"/> Adult<br><input type="checkbox"/> Single Parent HH<br><input type="checkbox"/> Household +1 +2<br><input type="checkbox"/> P.T. Seasonal Adult<br><input type="checkbox"/> P.T. Seasonal HH<br><input type="checkbox"/> Bayfront Adult<br><input type="checkbox"/> Bayfront HH | <b>Annual</b> (pay in full) <input type="checkbox"/><br><b>1/3 Plan</b> (3 payments) <input type="checkbox"/><br><b>Bank Draft</b> (monthly) <input type="checkbox"/><br><i>(Complete Back of Form for Bank Draft Plan)</i> | <b>Renewal</b> <input type="checkbox"/><br><br><b>New Member</b> <input type="checkbox"/>   | <b>Branch</b><br><b>Franz Ross</b> <input type="checkbox"/> <b>Punta Gorda</b> <input type="checkbox"/><br><br><b>North Port</b> <input type="checkbox"/> |
| <b>Payroll Deduction thru Group Membership</b> <input type="checkbox"/><br><br><b>Name of Business if Group Membership:</b><br><br><b>Enrolled By (Staff):</b>   |   | <b>How Did You Hear About the YMCA?</b><br><i>Word Of Mouth</i> <input type="checkbox"/><br><i>Newspaper</i> <input type="checkbox"/><br><i>Yellow Pages</i> <input type="checkbox"/><br><i>Previous YMCA Member</i> <input type="checkbox"/> |   |

**Member Initial The Following:**

\_\_\_\_\_ *Membership Fees Are Not Refundable or Transferable.*  
 \_\_\_\_\_ *Program Fees Are Not Refundable or Transferable.*  
 \_\_\_\_\_ *30-day Notice Is Needed To Cancel Bank Draft Memberships.*

**For Staff To Initial:**

\_\_\_\_\_ *Received Var. of College/2nd Res.*  
 \_\_\_\_\_ *Reg. For Orientation Appointment*  
 \_\_\_\_\_ *Received Facility Policies*  
 \_\_\_\_\_ *Member ID Card Made*

### Charlotte County Family YMCA

#### Release And Waiver Of Liability And Indemnity Agreement

In Consideration of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation of any off-site program affiliated with the YMCA, 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 in to the YMCA for observation or use of any facilities or equipment or participating in such affiliated program constitutes an 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.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPANT IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HERBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA, it's directors, officers, employees, and agents (hereinafter referred to as "releasees") 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 or the undersigned, whether caused by the negligence of the releasees or other wise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED futher expressly agrees that the forgoing the RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representation, statement or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE. (A COPY OF RELEASE WILL BE GIVEN APPON REQUEST)

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_  
 (Revised 12/09)