

# FAMILY YMCA OF FAYETTE COUNTY MEMBERSHIP APPLICATION

**PRINT - DO NOT WRITE**

Primary Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact (**REQUIRED**): \_\_\_\_\_ Phone: \_\_\_\_\_

**If Member is Under 18 years of Age: Parent or Guardian information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(If applying for other than single membership, please list family members and birthdates)

<b><u>Name:</u></b>	<b><u>Relationship:</u></b>	<b><u>Date of Birth:</u></b>

Waiver: I understand that the YMCA assumes no responsibility for injuries or illnesses which I or any member of my family may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise, or any other activities or programs. I expressly acknowledge that I assume the risk for any and all injuries and illnesses which may result from my or my family's participation in these activities. I hereby release and discharge the YMCA, its agents, servants and employees from any and all claims for injury, illnesses, death, loss or damage which I or any member of my family may suffer as a result of my participation in these activities. I understand the YMCA is not responsible for personal property lost or stolen while members and/or guest members are using YMCA facilities or on YMCA premises. All new and inactive memberships are required to pay a \$20.00 processing fee before membership can be processed.

Membership will be pending until a search on NAOPW Sex Offender Data Base has been performed.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(If not at least 18, parent or guardian must sign)*

To be completed by Staff Member:

- Sex Offender DB Checked
- Daxko Cards Created
- Photo Taken

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date



## MEMBERSHIP INFORMATION – TO BE COMPLETED BY STAFF MEMBER

### MEMBERSHIP ELIGIBILITY:

- \_\_\_ FAMILY: Two adults (married/domestic partners) in a single household with all legal dependents claimed on taxes
- \_\_\_ MARRIED COUPLE: Two Adults in a married/domestic partnership living in same household
- \_\_\_ ONE ADULT FAMILY: One adult and all legal dependents as claimed on taxes
- \_\_\_ ADULT: Individual over 18 years of age
- \_\_\_ STUDENT: Individual 18-26 enrolled in classes (**Proof Required**)
- \_\_\_ YOUTH: Annual Membership for individuals between 10-17 years of age
- \_\_\_ PROGRAM: Annual membership restricted to Program participation only - ages 4-9 (**This does not include any facility usage**)

### ASK ABOUT DISCOUNTS – ONLY ONE DISCOUNT ALLOWED PER MEMBERSHIP

If member qualifies for more than one discount always use the one the most benefits the member.

Honor Silver Sneaker Memberships provided by their insurance carrier – **Free Membership**

Law Enforcement/Military/Corrections Discount – **10%**

Senior Discount (60 and older) – **35%**

If you are employed by any of the following Corporate Sponsors – 20% Discount

Denny's	LCBB – Luallen, Cearlock, Barth & Burnam
FAYCO Enterprises	McDonalds
Fayette County Hospital	Midland State Bank
Fayette County Real Estate	Miller Funeral Home
First Bank	National Bank
First National Bank	Shriners – Temperence Lodge 16
Fulk Construction	Vandalia Asphalt
Llack Flooring	Van Seal

Member Employer: \_\_\_\_\_

Spouse/Partner Employer \_\_\_\_\_

Event Discount:

Promotional Code: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Date: \_\_\_\_\_