



Y of Central Maryland
It's deeper here.®

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Membership Registration

Member # _____
Center _____

PRIMARY MEMBER INFORMATION

First Name _____ Last Name _____ Suffix _____
Home Address _____ Apt # _____ Marital Status _____
City _____ State _____ Zip _____ Date Of Birth ____/____/____
Email Address _____
Gender ☐ Male ☐ Female Home Phone (_____) _____ Cell Phone (_____) _____
Race (Optional) ☐ Black/African American ☐ Asian ☐ Hispanic/Latino ☐ Native Hawaiian/Other Pacific Islander
☐ American Indian/Alaskan Native ☐ 2 or more races ☐ White/Caucasian ☐ Other _____

SECOND ADULT MEMBER INFORMATION

First Name _____ Last Name _____ Suffix _____
Date Of Birth ____/____/____ Email Address _____
Gender ☐ Male ☐ Female Home Phone (_____) _____ Cell Phone (_____) _____
Race (Optional) ☐ Black/African American ☐ Asian ☐ Hispanic/Latino ☐ Native Hawaiian/Other Pacific Islander
☐ American Indian/Alaskan Native ☐ 2 or more races ☐ White/Caucasian ☐ Other _____

DEPENDENT INFORMATION

First Name	M.I.	Last Name (if different)	Birth Date	Gender	Race (Optional)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Emergency Contact Name _____ Relationship _____
Home Phone (_____) _____ Cell Phone (_____) _____ Work Phone (_____) _____

WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT

In consideration for use of the YMCA facilities and participation in YMCA programs, I understand that the Y of Central Maryland assumes no responsibility for injuries or illnesses which I (or my dependents) may sustain as a result of my physical condition or resulting from participation in any athletic activities, sports program, the use of any equipment, exercises or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from participation in these activities. I hereby release and discharge the Y of Central Maryland, its agents, assigns and/or employees from any and all claims for injury, illness, death, loss or damage which may result from my participation in these activities. I understand that the Y of Central Maryland is not responsible for personal property lost or stolen while members and/or program participants are using Y facilities or on Y premises.

I HAVE READ AND AGREE TO THE ABOVE WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT

Signature of Primary Member / Parent or Guardian (if under 18) _____ Date _____ Signature of Second Adult Member _____ Date _____

HOUSEHOLD INCOME (Optional)

___ \$0 - \$15,000 ___ \$15,001 - \$24,999 ___ \$25,000 - \$39,999
 ___ \$40,000 - \$74,000 ___ \$75,000 & OVER

HOW DID YOU HEAR ABOUT THE Y?

___ FRIEND ___ TV ___ RADIO ___ WEBSITE ___ MAILING ___ FACEBOOK
 ___ BILLBOARD ___ EMAIL ___ FLYER ___ EVENT OTHER _____

BANK DRAFT / EFT ACTIVITY AUTHORIZATION (OFFICE USE ONLY)

Membership Type _____ Billing Method _____ Begin Date ____/____/____

Pro-rated Membership Dues \$ _____ + Enrollment Fee \$ _____ = Total Down Payment Today \$ _____

Monthly Annual Giving Amount \$ _____ **TOTAL Monthly EFT Amount \$ _____/per month**

Date to be Drafted Each Month ☐ 1st ☐ 15th Name of Card Holder/Bank Customer _____

BANK DRAFT ☐ Checking Account ☐ Savings Account

ELECTRONIC FUNDS TRANSFER ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER

Bank Transit Routing Number _____

CC Account Number _____

Account Number _____

Expiration Date _____ Security Code _____

TO THE Y OF CENTRAL MARYLAND (herein referred to as the Y): I have given my authority to the above named bank/credit card company to honor preauthorized drafts drawn by the Y on my account for the activity payments indicated above. It is understood that the Y's transmission of a preauthorized draft to the bank as payment becomes due and shall constitute valid notice of such payment due on the above named activity. When the bank/credit card company honors the draft by charging my account, such draft shall constitute my receipt for the payment. Should any preauthorized draft not be honored by said bank/credit card company when received by them, then it is understood that the payment is to be made by me within 15 days in the amount of said payment plus a service fee of \$25 applied by the Y. Bank Draft/Electronic Fund Transfer (EFT) for membership is a continuous plan. I understand the membership payment will remain in effect until I initiate its termination and that I will receive temporary cards for the balance of the time I have paid or will be paying. Bank Draft / EFT for a charitable contribution is not a continuous plan. I understand that payment withdrawals will remain in effect until I have paid the full balance of my contribution. Thereafter, the bank draft / EFT will stop.

Signature of Account Holder

Date

Signature of Parent or Guardian (if under 18)

Date

Bank Draft / EFT Membership / Charitable Contribution Agreement

1. I understand the Bank Draft/EFT for membership is a continuous plan. I understand the membership payment will remain in effect until I initiate its termination and that I will receive temporary cards for the balance of the time I have paid or will be paying. I further understand that **all account information changes must be given to the Y with 30 days written notice in advance** of the date I want the change to occur.
2. The Y of Central Maryland Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership at any time. I understand that I will receive at least thirty (30) days notice prior to any such changes.
3. The Y service charge is in addition to any service fee my bank may take. I understand that the draft may be resubmitted to my bank at the next available Y draft date to collect for that draft payment.
4. A check must be presented if you are signing up and your dues will be coming out of your checking account. Y staff will verify the account number and routing number and will return the check to the member.
5. I understand that after one unpaid draft, the Y will immediately terminate my membership and/or charitable contribution until I have brought all payments up to date.

INITIALS _____

Bank Draft / EFT Cancellation Policy

After the first 30 days of Bank Draft / EFT for membership and/or charitable contribution, you may appear in person to cancel the remainder of your bank draft / eft agreement at any time **by giving the Y written notice 30 days in advance of the date you want to cancel**. All fees paid for membership, including joining fees are non-refundable. If termination of your bank draft / EFT agreement also ends your membership activity, you must complete a membership termination form.

INITIALS _____

Picture Waiver

I give my permission to the Y of Central Maryland to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my (or my dependent's) image or voice for purposes of promoting or interpreting Y programs.

INITIALS _____

Membership Handbook

I understand that the Y of Central Maryland Member Handbook is available on ymaryland.org and I agree that I and those on my membership account will follow the policies and procedures outlined in the handbook, including the Y's policies on denying membership to registered sex offenders.

INITIALS _____

I ACKNOWLEDGE THE TERMS AS STATED ABOVE

Signature of Member or Parent/Guardian (if under 18)

Date