



# CORPORATE MEMBERSHIP APPLICATION

## Ozarks Regional YMCA

ID # \_\_\_\_\_  
Last Name \_\_\_\_\_  
First Name \_\_\_\_\_

Date of Application \_\_\_\_\_

### CONTACT INFORMATION

Employer \_\_\_\_\_ Your Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apt# \_\_\_\_\_

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

Telephone \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Race/Ethnicity:  American Indian/Alaska Native  Asian  Black/African-American  Hispanic/Latino  Middle Eastern/Northern African  
 Native Hawaiian/Other Pacific Islander  White  Two or more race/Ethnicities  Unknown

Email \_\_\_\_\_

### EMERGENCY CONTACT

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

### MEMBERSHIP TYPE

- Family (Adult couple + Kids)
- Single Adult + Kids
- Two Adults
- Individual Adult
- Senior (individual 60 years or older)
- Senior Couple (one of which is 60 years or older)
- College Student (must be enrolled in 12+ credit hours and must provide transcript)
- Youth (child ages 6-18)
- Additional Household Adult Add On

### PRIMARY CENTER

- CASSVILLE YMCA
- DALLAS COUNTY AREA YMCA
- G. PEARSON WARD YMCA
- LEBANON FAMILY YMCA
- MONETT AREA YMCA
- OZARK MOUNTAIN FAMILY YMCA
- PAT JONES FAMILY YMCA
- ROY BLUNT YMCA OF BOLIVAR

### FAMILY MEMBERS

| Name (Last, if different) | Birth Date | Gender  | Employer (If applicable) | Proof of Residency       |
|---------------------------|------------|---|--------------------------|--------------------------|
| 1.                        |            | <input type="checkbox"/> M <input type="checkbox"/> F |                          | <input type="checkbox"/> |
| 2.                        |            | <input type="checkbox"/> M <input type="checkbox"/> F |                          | <input type="checkbox"/> |
| 3.                        |            | <input type="checkbox"/> M <input type="checkbox"/> F |                          | <input type="checkbox"/> |
| 4.                        |            | <input type="checkbox"/> M <input type="checkbox"/> F |                          | <input type="checkbox"/> |
| 5.                        |            | <input type="checkbox"/> M <input type="checkbox"/> F |                          | <input type="checkbox"/> |
| 6.                        |            | <input type="checkbox"/> M <input type="checkbox"/> F |                          | <input type="checkbox"/> |
| 7.                        |            | <input type="checkbox"/> M <input type="checkbox"/> F |                          | <input type="checkbox"/> |
| 8.                        |            | <input type="checkbox"/> M <input type="checkbox"/> F |                          | <input type="checkbox"/> |

#### Additional Household Adult Add On

| Name (Last, if different) | Birth Date | Gender  | Employer (If applicable) | Proof of Residency       |
|---------------------------|------------|---|--------------------------|--------------------------|
| 1.                        |            | <input type="checkbox"/> M <input type="checkbox"/> F |                          | <input type="checkbox"/> |
| 2.                        |            | <input type="checkbox"/> M <input type="checkbox"/> F |                          | <input type="checkbox"/> |

Are your children currently enrolled in Before and/or After School Child Care, Summer Day Camp or the Teen Program?  Yes  No

### LOCKER

Locker Number \_\_\_\_\_ \*Lockers available by location including Ward, Jones, Bolivar and Lebanon.

## MEMBERSHIP AGREEMENT

NOTE: CONTAINS A RELEASE AND WAIVER OF LIABILITY

In consideration for Ozarks Regional YMCA ("The Y") agreeing to allow me to use facilities and services of the Y, I agree to the following (initial each item below to signify you read and understand all terms):

### CONDITIONS OF MEMBERSHIP

Member Health: The applicant represents that he/she is in physically sound condition and understands participation in aerobics and other exercise, weight training, recreational sports, roller skating and use of pools, spas, saunas, steam rooms, climbing walls, challenge course and fitness equipment carry a potential risk of injuries or illness. The applicant understands the Ozarks Regional YMCA assumes no responsibility for any such injury or illness.

Member Conduct and Right to Use the Facility: Applicant agrees to abide by all policies and procedures of the Ozarks Regional YMCA and its centers, and understands failure to act in accordance with these rules may result in expulsion from the YMCA and revocation of the membership.

Staff Conduct w/Minors: The YMCA PROHIBITS staff members from caring for, providing instruction to, or engaging in social relationship outside of approved YMCA activities with children (other than family) who participate in YMCA programs or activities. This policy is designed for the protection of all involved – Children, Staff Members, parents and YMCA.

Criminal History: 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.

Property Loss: The applicant understands the Ozarks Regional YMCA is not responsible for personal property lost, damaged, or stolen while using YMCA facilities or participating in YMCA programs.

Photograph Permission: The applicant hereby grants permission for the YMCA to use, without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret YMCA programs.

Insurance: The applicant understands the Ozarks Regional YMCA does not provide any accident or health insurance for its members or participants, and further understands it is the applicant's responsibility to provide such coverage.

Membership Billing: Any discrepancies to membership billing must be brought to the YMCA's attention within 60 days. The YMCA is not liable for any discrepancies to membership billing issues past 60 days.

Membership rates are subject to change and you will be notified in writing 30 days prior to any membership adjustments.

I am above the age of 18 years.

- 1. I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to me, my personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to my person or property or resulting in my death, whether caused by the negligence of the releasees or otherwise
2. I FURTHER HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur arising from or related to my presence in, upon, or about the YMCA premises or participating in any YMCA program whether caused by the negligence of the releasees or otherwise.

I VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT SIGNIFYING THAT I HAVE READ, UNDERSTAND AND AGREE TO ALL TERMS

Date: \_\_\_/\_\_\_/\_\_\_ Sign: \_\_\_\_\_ Print: \_\_\_\_\_

## MEMBERSHIP CHANGES, UPGRADES AND CANCELLATIONS

### Membership Changes:

Please submit a new payroll authorizations for and membership change form at the front desk. The Corporate Membership Director will process your request and have your account updated within 5 business days.

### Membership Cancellations:

Please submit a request to cancel in writing no later than 30 days prior to your next payroll period. This allows the Corporate Membership Director to notify your payroll clerk in a timely manner so that your deduction can be stopped.

I have read and understand the guidelines regarding membership changes, upgrades and cancellations

Date: \_\_\_/\_\_\_/\_\_\_ Sign: \_\_\_\_\_ Print: \_\_\_\_\_

## JOINING FEE DEBIT / CREDIT INFO

Please include credit/debit card for \$25 Joining fee if not within first 30 days of employment.

Credit Card:  Visa  Master Card  Discover  AMEX

Credit Card # [grid]

ExpirationDate \_\_\_-\_\_\_ CVC \_\_\_\_\_

## FOR OFFICE USE ONLY

Group Code \_\_\_\_\_ StaffName \_\_\_\_\_

Date Entered \_\_\_\_\_

Receipt# \_\_\_\_\_

Cash  Card  Check

SOList

IDCopied