



YMCA of Corry

Corporate Membership Application

Payroll Deduction Authorization

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

Membership Information

* Indicates a required field (please print)

First Name* _____ Last Name* _____ Gender* M / F

Address* _____ Email: _____

City* _____ State* _____ Zip Code* _____ Birthdate* _____

Home Phone* _____ Cell/other phone _____

Emergency contact _____ Phone _____ Relationship _____

Employer _____ Monthly Fee to be withdrawn _____

Membership Type* (circle): Family / Student (3yo-8th) / Student (9th-college) / Adult / Senior Adult / Couple / Senior Couple / SP Family

Family Membership Information

*	Spouse/Dependent's Names	M/F	Birth date	Relationship
1				
2				
3				
4				
5				

Waiver/Payroll Authorization

Part 1 I hereby authorize my employer (listed above) to deduct the monthly membership fee of _____ from my paycheck beginning on _____. This will remain in effect until (1) the YMCA of Corry receives a Membership Cancellation Form completed and signed by the employee and (2) the employee must contact their employer and inform them of cancellation. The amount is subject to change due to the cost of the Corporate Membership Plan with the YMCA of Corry. I verify that I have read and understand Part 1.

Signature: _____ Date: _____

Part 2 In consideration with gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities at said facility. I do hereby release all of those mentioned and any others acting upon their behalf from any responsibility for liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment. I verify that all of the information I have provided is accurate and that I have read and understand Part 2.

Please Sign
 Signature: _____ Parents Signature: _____ Date: _____
 (Primary Account Holder) (If under 18 and is the primary account holder)