



THANK YOU FOR JOINING
YMCA of Corry Membership Application

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Member 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 Employer Phone

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

Family Membership Information

Table with 5 columns: Spouse/Dependent's Names, M/F, Birth date, Relationship. Rows 1-5.

Part 1 I authorize the YMCA of Corry to draft from my savings or checking account for my monthly membership dues. Drafts on member's accounts will be drawn on or about the 3rd of each month. A \$20.00 fee will be assessed on all returned drafts. The YMCA may cancel memberships without notice for non-sufficient fund in their account to cover the draft charge. Membership is considered continuous until a signed cancellation request form is filled out at the YMCA. A cancellation must be done 7-10 days before the 3rd of the month. Inability to meet this deadline will result in membership dues being deducted for that month. Membership will be valid until the end of the month.

Waiver

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 Parts 1&2.

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