



RIVER VALLEY REGIONAL YMCA

Membership Application

*Referring members receive one free month of membership! Please provide that member's information below so we can thank them.

First Name: _____ Last Name: _____

Phone: _____ Email Address: _____

*Corporate Partner: YES NO If yes, company name _____



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

Member # _____

Branch _____

Membership Application

PRIMARY MEMBER INFORMATION

Membership Type (Circle One): Family Single Parent Family Adult College Youth

Term/Payment Option (Circle One): Annual (One Payment) Monthly Bank Draft Other _____

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 (____) _____

Employer _____ Contact Phone (____) _____

SECOND ADULT MEMBER INFORMATION

First Name _____ Last Name _____ Marital Status _____

Date of Birth ____/____/____ Email Address _____

Gender Male Female Home Phone (____) _____ Cell Phone (____) _____

Employer _____

DEPENDENT INFORMATION

First Name	M.I	Last Name (if different)	Birth Date	Gender
_____	_____	_____	____/____/____	Male Female
_____	_____	_____	____/____/____	Male Female
_____	_____	_____	____/____/____	Male Female
_____	_____	_____	____/____/____	Male Female

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 RVR YMCA 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 activities, sports program, and the use of any equipment or exercises. 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 RVR YMCA, 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 RVR YMCA scans all members and guests via Raptor, so that registered sex offenders do not have access to the YMCA facilities. I understand that the RVR YMCA 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

HOW DID YOU HEAR ABOUT THE Y?

- RADIO EMAIL NEWSPAPER MEMBER
- FRIEND CORPORATE MAILING WEBSITE
- FLYER INSURANCE EVENT
- SOCIAL MEDIA MEDICAL REFERRAL
- FREE GUEST PASS DRIVE-BY

Are you interested in Volunteering?

Yes No

Areas of Volunteer Interest

- Community Projects
- Fundraising
- Y- Events
- Advisory Council Member
- Coaching

Are you interested in making a donation to the Y?

Yes No

Areas of Interest

- Group Exercise Strength Training Community Project Child watch Community
- Family Programs Teen Programs Social Activities Aquatics Events

BANK DRAFT / EFT ACTIVITY AUTHORIZATION

Monthly Draft Date will occur on the 1st day of each month. Name on Account/Card: _____

EFT BANK DRAFT

Checking Account Savings Account

Bank Transit Routing Number _____

Account Number _____

*MUST provide Voided Check or Statement from your financial institution with the information

CREDIT CARD DRAFT

MASTERCARD DISCOVER VISA

Address _____

CC Account Number xxxx-xxxx-xxxx- _____

Expiration Date _____/_____/_____

TO RVR YMCA (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 of the payment. Should any preauthorized draft not be honored by said bank/ credit card company when received by them, 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. The Y is contracted with E-Cash flow who will withhold \$30 each attempt for any returned EFT/ACH transaction, in addition to the service fee applied by the Y. Bank Draft/ Electronic Fund Transfer (EFT) for membership is a continuous plan. I understand that membership payment will remain in effect until I initiate its termination by submitting a 30 day written notice of termination.

Signature _____ Date _____

Bank Draft/ EFT Membership

1. 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 RVR YMCA 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.
5. I understand that after one unpaid draft, the Y will immediately terminate my membership until I have brought all payments up to date.

INITIAL _____

Bank Draft/ EFT Cancellation Policy

After the first 90 days of Bank Draft/ EFT for membership, 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.

INITIAL _____

Check Payments

I understand that all payments made as a check may be converted to an ACH transaction.

INITIAL _____

Picture Waiver

I gave my permission to the RVR YMCA 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.

INITIAL _____

Membership Handbook

I understand that the RVR YMCA Member Handbook is available on RVRYMCA.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.

INITIAL _____

I ACKNOWLEDGE THE TERMS AS STATED ABOVE

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

Date

River Valley Regional YMCA

www.rvrymca.org

Bradford County
9 College Avenue
Towanda, PA
18848
570-268-9622

Jersey Shore
826 Allegheny Street
Jersey Shore, PA
17740
570-398-2150

Eastern Lycoming
50 Fitness Drive
Muncy, PA
17756
570-546-8822

Tioga County
40 Besanceney Drive
Mansfield, PA
16933
570-662-2999

Lock Haven
145 E Water Street
Lock Haven, PA
17745
570-748-6727

Williamsport
641 Walnut Street
Williamsport, PA
17701
570-323-7134