



**LOCK HAVEN AREA YMCA**  
**Membership Application**



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Member # \_\_\_\_\_

## Membership Application

### PRIMARY MEMBER INFORMATION

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

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

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Suffix \_\_\_\_\_

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

Marital Status \_\_\_\_\_

### SECOND ADULT MEMBER INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Suffix \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address \_\_\_\_\_

### DEPENDENT INFORMATION

First Name	M.I	Last Name (if different)	Birth Date	Gender
_____/_____/____	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 Lock Haven Area 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 Lock Haven Area 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 the Lock Haven Area 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

**AREAS OF INTEREST (Please circle all that apply)**

Group Exercise   Weight Training   Youth Sports  
 Adult Sports   Teen Programs   Senior Programs  
 Aquatics   Child Care   Volunteering

**HOW DID YOU HEAR ABOUT THE Y?**

Referred

by: \_\_\_\_\_

\_\_\_\_\_

**BANK DRAFT / EFT ACTIVITY AUTHORIZATION**

Monthly Draft Date <sup>st</sup> <sup>th</sup> Name of Card Holder/ Bank Customer \_\_\_\_\_

**BANK DRAFT**

Checking Account   Savings Account

Bank Transit Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

**CREDIT CARD DRAFT**

MASTERCARD   DISCOVER   VISA

Address \_\_\_\_\_

CC Account Number \_\_\_\_\_

TO Lock Haven Area 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

**Bank Draft/ EFT Membership / Charitable Contribution Agreement**

- I understand that Bank Draft/ EFT for membership is a continuous plan. I understand the membership payment will remain in effect until I initiate its termination. 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.
- The Lock Haven Area 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.
- 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.
- A check must be presented if you are signing up and your dues will be coming out of your checking account.
- 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 30 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 \_\_\_\_\_

**Picture Waiver**

I gave my permission to the Lock Haven Area 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 Lock Haven Area YMCA Member Handbook is available on the Y's website 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 \_\_\_\_\_



**Lock Haven Area YMCA**  
[www.lockhavenymca.com](http://www.lockhavenymca.com)

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