



Henry County YMCA

Membership Change & Hold Request Form

PRIMARY MEMBER (please print)			
Legal First Name	M	Legal Last Name	Date of Birth
Current Address		Phone Number	

CHANGE REQUESTED		
<input type="checkbox"/> Membership Type (Complete Section A)	<input type="checkbox"/> Draft Date (Complete Section B)	<input type="checkbox"/> Hold Request (Complete Section C)

I hereby request that my membership in the Henry County YMCA be changed as indicated above. I understand that I must give a 14 day notice prior to my membership draft date in order to make any changes to my automatic payment. I understand that there may be fees incurred by the change requested in this form and agree to pay said fees. If I do not pay by automatic payment, I agree to pay the full cost of the requested change at this time.

Signature: _____ Date: _____

CHANGE MEMBERSHIP TYPE

Please indicate how you'd like to change your membership:

Upgrade Membership Downgrade Membership Add Additional Adults/Children

A The YMCA defines Family Memberships as two adult with dependent children living in a single household and Single Parent Family Memberships as one adult with dependent children living in a single household. If more than two adults live in a household, additional adults can be added to a family membership for an additional \$20 per person per month. Non-dependent children that reside in your household can be added to a family membership for an additional \$5 per person per month. (proof of residency required) This fee will be added to your automatic payment. All adults must sign the Conditions of Membership and the YMCA Liability Waiver located on the back of this form.

Please ADD REMOVE the following people to/from my YMCA membership:

Legal First Name	M	Legal Last Name	Date of Birth	Gender	Ethnicity

CHANGE DRAFT DATE

B Membership dues will be charged on the date below. In the event that the date below falls on a weekend or a holiday, membership dues will be charged on the first available business day.

Change draft date to the: 5th of the month 20th of the month

HOLD REQUEST

C Membership dues will be placed on hold without a monthly draft for the following dates:

_____/_____/_____ to ____/____/_____

Reason for request: Medical Out of State/County Financial

Signature of Primary Member: _____ Date: _____

COMMUNITY SUPPORT DONATION

The heart of the Y is to reach out and serve all people in our communities. At this Y, we provide assistance to families through scholarships and free or reduced programs in youth development, healthy living, and social responsibility. By giving a tax deductible donation you can be a part of strengthening community. I authorize the Y to add the following amount to my monthly bank draft OR authorize a one-time payment to support other families in need.

\$25 \$15 \$10 \$5 Other \$ _____

One-time Monthly recurring

CONDITIONS OF MEMBERSHIP

Member Health: The applicant(s) represents that he/she is in physically sound condition and understands that participation in aerobics and other exercise, weight training, recreational sports, and use of pools, spas, saunas, steam rooms and fitness equipment carry a potential risk of injuries or illness. The applicant further understands that the Henry County YMCA assumes no responsibility for any such injury or illness.

Member Conduct & Right to Use the Facility: Applicant agrees to abide by all policies and procedures of the Henry County YMCA and understands that failure to act in accordance with these rules may result in expulsion for the YMCA and revocation of the membership.

Criminal History: The applicant acknowledges that it is the policy of the Henry County YMCA to deny membership to any individual convicted of a sexual offense. The YMCA uses photo identification national & local databases to periodically check its membership records for criminal history.

Property Loss: The applicant understands that the Henry County YMCA is not responsible for personal property lost, damaged, or stolen while using the YMCA facilities or participating in YMCA programs. Combination locks are available for use while in the facility.

Photograph Permission: The applicant hereby gives permission for the YMCA (local, national, and international) 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.

Cell Phone/Video Taping: Due to the advances in video equipment and telephone video technology, and for the safety and security of our members and guests, any and all video equipment may not be used in locker rooms, dressing areas, shower areas, restrooms, or other areas generally deemed to be "private" within the YMCA. The Henry County YMCA requests that cell phone usage be reserved for lobby areas only.

Insurance: The applicant understands that the Henry County 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.

X _____
Signature of Applicant or Guardian / Date

X _____
Additional Adult Applicant / Date

LIABILITY WAIVER

In consideration of being permitted to utilize the facilities, services, and programs of the Henry County YMCA for any purpose including but not limited to, observation or use of facilities and equipment and participation in any program affiliated with the YMCA without respect to location, I, on behalf of myself and any children, dependents or personal representatives, hereby:

1. Acknowledge that I have (a) read this release and waiver of liability; (b) had the opportunity to inspect the YMCA's facilities and equipment or will immediately upon entering or participating will inspect and carefully consider such premises, facilities or program; (c) accept the facilities, equipment, and program as being safe and reasonable suited for the purposes intended and (d) voluntarily sign this release and waiver of liability.
2. Release the YMCA, its directors, officers, employees, agents, and volunteers (collectively "YMCA Releases") from all liability to me for any loss or damage to property or injury or death to person, whether caused by the ordinary negligence of the YMCA Releases or any other person, and while I am in, upon or about the YMCA facility or equipment therein or participating in any program or service affiliated with the YMCA.
3. Agree not to sue the YMCA Releases for any loss, liability, damage, injury or death described above and I agree to indemnify and hold harmless the YMCA Releases and each of them from any loss, damage or cost they may incur due to my presence in, upon or about the YMCA facility or equipment therein or my participation in any program or service affiliated with the YMCA whether caused by ordinary negligence of the YMCA Releases or by any other person. I assume full responsibility for the risk of such loss, liability, damage, injury or death.

I intend for this release and waiver of liability to be as broad and inclusive as is permitted by the laws of the State of Indiana. If any portion hereof is held invalid, I agree that the balance shall continue in full force and effect.

X _____
Signature of Applicant or Guardian / Date

X _____
Additional Adult Applicant / Date