

YMCA of Saratoga Membership Application

Name _____

Address _____

Birth Date (Required) _____ Male / Female

Home Phone No. _____

Daytime Phone No. _____

E-mail Address _____

Place of Employment _____
 (If youth, list parent workplace)

Emergency Contact (Required)

Name _____ Phone _____ Relationship _____

If youth, please provide parent's name and date of birth _____

For Family Memberships Only: A Family membership consists of 2 adults and children under the age of 18 living in the same household. If there is a child who is still living in the house and is attending college they may remain on the family membership until age 23 with proof of full time status.

FOR STAFF USE ONLY	
Received By _____	Date _____
Membership Type _____	
Fee _____	
Member Improvement Fee _____	
Gift Certificate/Scholarship _____	
Payment _____	
Payment Type: Monthly Draft _____ Annual _____	
Identification _____	

Name	Birth Date	M/F	Relationship
2) _____			
3) _____			
4) _____			
5) _____			

Are you or any family member listed on this membership registered as a sex offender in any state? _____

Areas of Interest (Please circle)

- | | | | |
|-------------------|-------------|-----------------------|--------------|
| Aquatics | Sports | Parent-Child Programs | Volunteerism |
| Aerobics | Summer Camp | Teen Activities | Fundraising |
| Spinning | Child Care | Senior Programs | Board Member |
| Strength Training | Coaching | Family Recreation | |

How Did You Hear About Us (Please circle one)

- | | | | | |
|--------------------------|--------------|---------------------|---------------|------------------|
| Radio | Direct Mail | Newspaper | Member | Medical Referral |
| Television | Email | Magazine | Former Member | |
| Drive By or Live in Area | Yellow Pages | Place of Employment | Friend/Family | |

Application

YMCA of Saratoga Release Form

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email address _____

Guest of _____

Amount Paid \$ _____	Staff Initial _____
Identification _____	
FOR STAFF USE ONLY	

Emergency Contact

Name _____ Phone Number _____

Relationship _____

Please list additional family members below.

Name	Date of Birth	M/F	Relationship
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

Are you or any family member listed on this form registered as a sex offender in any state? _____

ALL PARTICIPANTS OR THEIR GUARDIANS MUST SIGN THIS RELEASE FORM PRIOR TO UTILIZING THE FACILITIES OF THE YMCA OF SARATOGA.

I do hereby assume full responsibility for any and all damages, injuries, or losses that I/we may sustain or incur, if any, while attending or participating in any YMCA exercise program and/or during any visit to the YMCA. I/we hereby waive all claims against the YMCA of Saratoga, its instructors, agents, staff, or partners of said program, individually, or otherwise, for any and all claims for injuries or damages that I/we might sustain. I understand that there is a risk of injury associated with participation in any YMCA exercise program and I/we certify that I/we are in good physical condition and have no disabilities or other ailments that might hamper my/our participation. I certify that all of the information provided on this document is correct and true.

I have read and understand the above terms and duration of the agreement.

Signature _____ Date _____

YMCA of Saratoga EZ Pay Monthly Draft Authorization

Member Name _____ Membership Type _____

Address _____

City _____ State: _____ Zip: _____

Savings or Checking Account

Bank Name _____

Bank Address _____

Routing # _____
(first long number on check)

Account # _____

I authorize the YMCA of Saratoga to access my checking or savings account for my monthly membership dues payment. I understand that the payment will be electronically transferred monthly from my account to the YMCA of Saratoga.

A voided check must accompany the above checking account information.

Credit/Debit Card

Name (as it appears on card)

VISA/MC/AMEX/DISCOVER Account #
_____ - _____ - _____ - _____

Expiration Date _____ / _____

I authorize the YMCA of Saratoga to access my VISA, MasterCard, American Express, or Discover Card for my monthly membership dues payment. It is understood that sending of a pre-authorized payment to the designated account as said payment becomes due, constitutes valid notice of such payment due on this membership. When my issuing bank authorizes this transaction by charging the designated account, such an authorization will serve as a receipt for the payment.

YMCA of Saratoga EZ Pay Agreement

1. I understand that the EZ Pay Draft authorizes a perpetual month to month membership which **does not expire**, and therefore **automatically renews monthly**.
2. If I wish to cancel my membership and pre-authorized draft, **written notice** must be received by the YMCA of Saratoga **thirty (30) days** prior to the first day of the month of cancellation. All membership cards will be required to be turned in when the membership terminates.
3. Should any membership draft not be honored by my bank/credit card company for any reason, I realize that I am still responsible for paying fees or any charges assessed to the YMCA associated with the return or decline of my EZ Pay transaction. If I fail to make the required payment my membership may be revoked.
4. The YMCA of Saratoga reserves the right to cancel my EZ Pay membership for which a draft is returned two (2) months or consistently over a six (6) month period. The YMCA of Saratoga is not obligated to offer the EZ Pay option to anyone whose membership has been previously revoked.
5. The YMCA, at its discretion, may adjust the monthly rate applicable to any category of membership. Members receive at least 30 days notice prior to any change.
6. I agree to immediately notify the YMCA of Saratoga of any changes in my credit or bank account that may affect payment of my membership charges.

I have read and understand the above terms and duration of the agreement.

Signature of Bank Depositor _____ Date _____