

BRANCH LOCATION North Downtown East

Date _____

MEMBERSHIP APPLICATION

The YMCA of Greater Syracuse is working in collaboration with the Lance Armstrong Foundation to better serve cancer survivors in our community. Have you or anyone in your immediate family ever been diagnosed with cancer? yes no

If yes, may we contact you? yes no

Would you like to learn about volunteer opportunities at your YMCA? yes no

Would you like to learn more about Membership For All? If so, please indicate your annual household income: Income must be verified within 5 days of joining or membership fee will revert to full price on the next scheduled draft.

0-\$14,999 _____ 15,000-19,999 _____ 20,000-26,999 _____ 27,000-29,999 _____ 30,000-34,999 _____ 35,000-39,999 _____
 40,000-44,999 _____ 45,000-49,999 _____ 50,000-54,999 _____ 55,000-59,999 _____ 60,000- + _____

Mrs. _____ Mr. _____ Miss _____ Ms. _____ Judge _____ Dr. _____ Cancer Survivor yes no
 _____ Jr. _____
 _____ Sr. _____
 First M.I. Last I _____
 II _____

_____ Address _____ Zip _____ City _____ State _____
 _____ Home Phone _____ Work Phone _____ Cell _____
 _____ Business / School _____ /____/____ Birth Date _____ age _____ M or F
 Email _____ Type of Membership _____

I have received a copy of the YMCA of Greater Syracuse member handbook which includes the member's code of conduct.
 Applicant Signature x _____

2nd Head of Household's Information

Mrs. _____ Mr. _____ Miss _____ Ms. _____ Judge _____ Dr. _____ Cancer Survivor yes no
 _____ Jr. _____
 _____ Sr. _____
 First M.I. Last I _____
 II _____
 _____ Business / School _____ /____/____ Birth Date _____ M or F

_____	_____	_____	_____ /____/____	M or F	Cancer Survivor
First	M.I.	Last	D.O.B.		<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	_____ /____/____	M or F	<input type="checkbox"/> yes <input type="checkbox"/> no
First	M.I.	Last	D.O.B.		
_____	_____	_____	_____ /____/____	M or F	<input type="checkbox"/> yes <input type="checkbox"/> no
First	M.I.	Last	D.O.B.		
_____	_____	_____	_____ /____/____	M or F	<input type="checkbox"/> yes <input type="checkbox"/> no
First	M.I.	Last	D.O.B.		
_____	_____	_____	_____ /____/____	M or F	<input type="checkbox"/> yes <input type="checkbox"/> no
First	M.I.	Last	D.O.B.		

Staff Initials _____

Mission Statement: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

DATE	NOTES

**RELEASE AND WAIVER OF LIABILITY
AND INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including but not limited to observation or use of facilities and equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs and next of kin, hereby acknowledges, agrees and represents that he or she has or immediately upon entering or participating will, inspect and carefully consider such premises and facilities of the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES AND EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE YMCA its directors, officers, employees and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of New York and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

Signature of Applicant/Parent

Signature of Applicant/Parent

Staff-print applicants' names

Date _____	
_____ Name of Child	_____ DOB
_____ Name of Child	_____ DOB
_____ Name of Child	_____ DOB
_____ Name of Child	_____ DOB
_____ Name of Child	_____ DOB

YMCA of Greater Syracuse, Inc.

North Area Family YMCA Automatic Payment Plan Agreement

Name _____ Date _____

1. I understand that my account will be drafted once a month on the 20th.
 2. If membership rates increase, my monthly draft will increase accordingly. I will be given 30 days notice of the change.
 3. An imprint of the credit card/copy of voided check being drafted is required to obtain the exact account number.
 4. If participating in Membership For All, I agree to provide proof of income within 1 week of joining or my membership fee will revert to full price upon the next scheduled draft. I have the right to show proof of income to return to my Membership For All price, but I am unable to receive any refund on the drafted fee amount that is above my Membership For All fee.
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5. The monthly draft continues until I terminate this agreement. **To terminate membership, I must personally return or mail my membership card(s) to the YMCA Membership Director, North Area Family YMCA, 4775 Wetzel Road, Liverpool NY 13090. The process of canceling a membership takes 15 days; therefore, I understand that I must submit written notice of cancellation prior to the 5th of the month. If I fail to notify the YMCA before the 5th of the month, I will be required to pay for the month. I will be given temporary cards in for the remainder of my membership in exchange for my permanent membership card(s).**
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6. If my credit card company declines two consecutive drafts, my membership will be terminated and I will not be eligible for the Automatic Payment Plan for a period of one year.
 7. The joining fee and any balance due are required to activate my membership after being terminated.
 8. I have read the above, received a copy of this agreement, and agree to the terms outlined.

Signature

AUTHORIZATION

I hereby give authority to the YMCA of Greater Syracuse, Inc. to charge the account listed below for membership payments. It is my understanding that the monthly debits will be deducted on approximately the 20th of each month and will continue until I discontinue my membership. Should any preauthorized charge not be honored by the credit card company, then it is understood that payment is to be made to the YMCA by myself in the amount of said debit plus a \$10.00 charge. It is my understanding that the YMCA will notify me of any membership rate increase thirty (30) days prior to taking effect.

Signature of person authorized on account _____

Credit Card Information

American Express _____ Discover _____ MasterCard _____ Visa _____

Account# _____ Exp. Date ____ / ____ 3-digit security code _____

Checking Account Information

Name of Bank _____ Route & Transit # _____

Account# _____

For office use only

Amount of down payment _____

Monthly debit _____

Staff _____

YOUR MONTHLY DRAFT WILL BEGIN THE 20TH OF NEXT MONTH

Please attach a copy of the credit card/voided check

