



Ardmore Family YMCA Membership Applications

Member #

Primary Member

Name: First	Middle	Last	
Street Address	City	State	Zip
Home Phone	Cell Phone	Email	
Date of Birth	Gender	Race	

Additional Family Members

Name (first, middle, last)	Date of Birth	Gender	Relationship
Name (first, middle, last)	Date of Birth	Gender	Relationship
Name (first, middle, last)	Date of Birth	Gender	Relationship
Name (first, middle, last)	Date of Birth	Gender	Relationship
Name (first, middle, last)	Date of Birth	Gender	Relationship
Name (first, middle, last)	Date of Birth	Gender	Relationship
Name (first, middle, last)	Date of Birth	Gender	Relationship

Emergency Contact

Name	Phone	Relationship
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Type of Membership - Nationwide Membership Participant

\$65 joining fee applies (except for annual memberships and AARP Supplement Insurance)

<input type="checkbox"/> Household 1: Married couple + children under 18	<input type="checkbox"/> Adult (ages 18-59)
<input type="checkbox"/> Household 2: Two adults + children under 18	<input type="checkbox"/> Married Couple (ages 18-59)
<input type="checkbox"/> Household 3: Three adults + children under 18	<input type="checkbox"/> Senior Adult (ages 60+)
<input type="checkbox"/> Household 4: Four adults + children under 18	<input type="checkbox"/> Senior Couple (at least one is 60+)
<input type="checkbox"/> Single Parent: One adult + children under 18	<input type="checkbox"/> AARP Supplement (activation code required)

Special Memberships (Not eligible for nationwide)

<input type="checkbox"/> Month Pass: \$65 (no joining fee, no prorate)	<input type="checkbox"/> Teen: 3 mo. @ \$45 (ages 12-17, no join fee)
<input type="checkbox"/> College Special: \$60 (verified credit hours required, no joining fee, no prorate)	
<input type="checkbox"/> 90 Day Summer College Special: \$75 (current college ID required, no joining fee, no prorate) 1X only	

Payment Method

<input type="checkbox"/> Monthly Bank Draft (drafted on 8th or 22nd)	<input type="checkbox"/> Annual Membership (no joining fee)
<input type="checkbox"/> Quarterly Statement (due on the 1st)	



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Payment Authorization

I authorize my financial institution to honor drafts drawn by the YMCA on my account. It is understood that bank drafts will be continuous until 10 days after written notification has been received by the YMCA. Should any draft not be honored by my financial institution, I understand that it is still my responsibility to make payment for all fees due, including any fees not covered by the bank. The YMCA reserves the right to charge a \$25 fee for nonsufficient bank drafts.

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Primary adult signature

Date

Risk and Liability Waiver

I understand that recreational activities do have inherent risks. I, the undersigned, understand that upon using the facility and/or services I assume all risks for the behavior, actions and safety of myself and my minor child/children while involved in YMCA activities. I assume full responsibility of personal injury to myself and/or to members of my family, or for loss or damage to my personal property and assume the expenses as a result of my negligence, the negligence of my family participating or the negligence of the Ardmore Family YMCA. In addition, by participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

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Primary adult signature

Print Name

Date

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Secondary adult signature

Print Name

Date

Not A Sex Offender (signature required)

The Ardmore Family YMCA will deny all applications for membership and/or program participation to anyone who is known by us to be a registered sex offender. By signing below I acknowledge that I am NOT a registered sex offender nor is anyone else included on our membership application. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation and remove visitation access.

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Primary Signature

Print Name

Date

For questions or additional information regarding the Ardmore Family YMCA's registered sex offender policy please contact the Ardmore Family YMCA's Membership Director @ 580-223-3990.

FOR OFFICE USE ONLY

YMCA Staff Initials

Unit #