

YOUNG MEN'S CHRISTIAN ASSOCIATION  
313 ENNIS—PLAINVIEW, TX 79072----- 806-293-8319  
MEMBERSHIP APPLICATION

DATE: \_\_\_\_\_

\*REQUIRED INFORMATION

\*MEMBERSHIP TYPE

\*PAYMENT TYPE

- \_\_\_ FAMILY (Married couple and their children age 18 and under)
- \_\_\_ 1 PARENT FAMILY (Parent and his/her children 18 and under)
- \_\_\_ ADULT (Individual 23-64 years old)
- \_\_\_ SENIOR CITIZEN (Individual 65 years or older)
- \_\_\_ SENIOR CITIZEN COUPLE (At least one spouse over age 65)
- \_\_\_ YOUNG ADULT (Individual 19-22)
- \_\_\_ YOUTH (Individual 18 years or younger)

\_\_\_ ANNUAL EXP. DATE \_\_\_

\_\_\_ DRAFT

LOCKER RENTAL

\_\_\_ YES \_\_\_ NO

LOCKER # \_\_\_\_\_

\*NAME: \_\_\_\_\_ \*DOB \_\_\_\_\_ \*SEX \_\_\_\_\_

\*ADDRESS: \_\_\_\_\_ \*CITY \_\_\_\_\_ \*STATE \_\_\_\_\_ \*ZIP \_\_\_\_\_

\*HOME PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

\*EMAIL \_\_\_\_\_

\*EMPLOYER \_\_\_\_\_ ETHNICITY \_\_\_\_\_

**\*ADDITIONAL FAMILY MEMBERS (If applicable)**

\*ADULT: \_\_\_\_\_ \*DOB \_\_\_\_\_ \*SEX \_\_\_\_\_

\*CHILD: \_\_\_\_\_ \*DOB \_\_\_\_\_ \*SEX \_\_\_\_\_

\*CHILD: \_\_\_\_\_ \*DOB \_\_\_\_\_ \*SEX \_\_\_\_\_

\*CHILD: \_\_\_\_\_ \*DOB \_\_\_\_\_ \*SEX \_\_\_\_\_

\*CHILD: \_\_\_\_\_ \*DOB \_\_\_\_\_ \*SEX \_\_\_\_\_

\*CHILD: \_\_\_\_\_ \*DOB \_\_\_\_\_ \*SEX \_\_\_\_\_

**\*EMERGENCY CONTACT**

\*NAME \_\_\_\_\_ \*RELATIONSHIP \_\_\_\_\_ \*PHONE \_\_\_\_\_

KNOWN MEDICAL PROBLEMS \_\_\_\_\_

\_\_\_\_\_

KNOWN MEDICATIONS/ALLERGIES \_\_\_\_\_

\_\_\_\_\_

Memberships are non-transferable and non-refundable. In signing below, I/we agree to display the Christian principles that are inherent with membership to the YMCA. I understand that behavior unbecoming that of a Christian organization could result in the temporary or permanent loss of my membership.

**LIABILITY WAIVER:** *In consideration of the undersigned being allowed to participate in the Young Men's Christian Association of Plainview, Texas ("YMCA") programs and activities and for membership, the undersigned does hereby release and discharge YMCA, its employees, volunteers, representatives, agents, and directors, from any claims and/or causes of action on account of any injury, illness, or damages of whatever nature sustained by the undersigned (or the participant if the undersigned is parent or guardian of the participant) while participating in the such programs and/or activities, or as a result thereof, and does agree to hold harmless and indemnify YMCA, its employees, volunteers, representatives, agents and directors from and against any loss, damage, or cost incurred or sustained by the parties herein released as a result of any action, claim, or demand by the undersigned or by any other person acting on behalf of the undersigned.*

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.

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.

IN ADDITION, I HEREBY GIVE PERMISSION TO THE YMCA STAFF TO RENDER AID TO ME OR ANY MEMBER OF MY FAMILY IN CASE OF AN ACCIDENT OR MEDICAL EMERGENCY; I ALSO GIVE THE YMCA STAFF PERMISSION TO CALL PROFESSIONAL EMERGENCY MEDICAL PERSONNEL (i.e. AMBULANCE, ETC.) IF DEEMED NECESSARY.

\*SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN IF MINOR \_\_\_\_\_

Staff Member \_\_\_\_\_ Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_

YMCA of Plainview, TX  
313 Ennis  
P.O. Box 1286  
Plainview, TX 79073  
Phone 806-293-8319  
Fax 806-293-8310

ELECTRONIC DRAFT AUTHORIZATION

I hereby authorize Plainview YMCA herein after called company, to initiate debit entries and to initiate, if necessary, credit entries & adjustments for any debit entries in error or entries necessary for all amounts owed to my checking/savings account indicated herein after called deposit to debit/credit the same to such account. This authority to remain in full force and effect until company has received **written notification seven full days prior the scheduled draft date**, for it's termination in such time and manner as to afford company and depository a reasonable opportunity to act on it.

A return fee transaction is in full force for the amount of \$15.00 for returned drafts.

Draft date            1<sup>st</sup> of month \_\_\_\_\_  
(check one)        15<sup>th</sup> of month \_\_\_\_\_

NAME ON ACCOUNT \_\_\_\_\_

NAME OF BANK \_\_\_\_\_

ROUTING # \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

VISA/MASTERCARD ACCT # \_\_\_\_\_ Exp \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_ STARTING DRAFT DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_