



AT

# AUSTIN COMMUNITY RECREATION CENTER

## YMCA MEMBERSHIP Application

**A valid photo ID is required to apply for a membership**

Youth under the age of 14 are not allowed on the upper level without adult supervision. Parent/Guardian must fill out this form for minor children.

MEMBERSHIP TYPE		
<input type="checkbox"/> <b>Adult</b> (one person age 26 - 64yrs)	<input type="checkbox"/> <b>Family</b> (one or two adults and dependents who reside in same household)	<input type="checkbox"/> <b>Senior</b> (one person, age 65+)
<input type="checkbox"/> <b>Senior Couple</b> (any couple age 65+)	<input type="checkbox"/> <b>Young Adult</b> (one person age 19 - 25yrs)	<input type="checkbox"/> <b>Youth</b> (one person age 14 - 18yrs)

MEMBERSHIP ADD-ONS	
<input type="checkbox"/> <b>Towel Service, \$2/mo. per person</b>	<input type="checkbox"/> <b>Child Watch \$20/mo.</b> Unlimited access to Child Watch while you use our facilities, 2 hour maximum per visit.

PRIMARY MEMBER		
<b>Name</b> (first, middle, last)		<b>D.O.B.</b> (MM/DD/YYYY)
<b>Street Address</b>		<b>Gender</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Phone</b> (including area code)	<b>Email Address</b>	

RACE			
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Caucasian/White
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	<input type="checkbox"/> Other _____	

EMERGENCY CONTACT INFORMATION	
<b>Emergency Contact</b>	<b>Emergency Phone Number</b> (Including area code)

SECOND ADULT (if applicable)		
<b>Name</b> (first, middle, last)		<b>D.O.B.</b> (MM/DD/YYYY)
<b>Phone</b> (including area code)	<b>Email Address</b>	<b>Gender</b>

RACE			
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Caucasian/White
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	<input type="checkbox"/> Other _____	

EMERGENCY CONTACT INFORMATION	
<b>Emergency Contact</b>	<b>Emergency Phone Number</b> (Including area code)

DEPENDENTS (Must live in the same household, ages 0 - 25yrs)			
First Name	Last Name	Gender	D.O.B. (MM/DD/YYYY)



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## YMCA MEMBERSHIP

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### WE'D LIKE TO KNOW A LITTLE ABOUT YOU...

#### HOW DID YOU HEAR ABOUT THE YMCA? (Please check all that apply)

<input type="checkbox"/> Friend/Current Member	<input type="checkbox"/> Social Media	<input type="checkbox"/> YMCA Website	<input type="checkbox"/> Radio
<input type="checkbox"/> Billboard	<input type="checkbox"/> Newspaper/Publication	<input type="checkbox"/> Television	<input type="checkbox"/> Other _____

#### WHY DID YOU JOIN THE YMCA? (Please check all that apply)

<input type="checkbox"/> Improve Overall Health & Wellness	<input type="checkbox"/> Personal Training	<input type="checkbox"/> Strength Training	<input type="checkbox"/> Aquatics Programming
<input type="checkbox"/> Water Fitness	<input type="checkbox"/> Group Exercise	<input type="checkbox"/> Youth Programming	<input type="checkbox"/> Gymnastics Programming
<input type="checkbox"/> School Age Child Care	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Tennis	<input type="checkbox"/> Pickleball
<input type="checkbox"/> Tiny Tikes	<input type="checkbox"/> Youth Activities	<input type="checkbox"/> Active Older Adults	<input type="checkbox"/> Basketball
<input type="checkbox"/> Preschool	<input type="checkbox"/> Socializing	<input type="checkbox"/> Basketball	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Family Activities	<input type="checkbox"/> Other:		

#### MEMBERSHIP AGREEMENT, POLICIES AND CODE OF CONDUCT

I understand that the YMCA of Austin requires a minimum of 2 FULL MONTHS of membership paid in full before I can cancel my membership. If my membership dues are paid through credit card or electronic funds transfer, I understand this is a continuous membership plan. I will continue to be charged unless I come into the Y to cancel my membership. If I cancel my membership I must visit the Y prior to the 26th of the month to fill out a Membership Termination form if I wish to cancel my membership and stop the bank/credit draft for the next month. I understand a \$15 return fee will be charged for all refused/returned debit cards, credit cards or returned checks for any fees incurred at the YMCA of Austin in addition to any bank fees associated with the return. I understand that I will be charged membership dues even if I do not utilize the facility and will continue to be charged until I cancel my membership. I understand that all membership rates are subject to change and if and when that happens I will receive four weeks notice letting me know of the price change. I will then be charged those new rates through my continuous membership plan through my credit card, debit card or electronic funds transfer unless I cancel my membership. I understand it is my responsibility to notify the YMCA of any change in address, bank account information (if utilizing bank draft for payment of dues) or debit/credit card information/expiration date (if utilizing credit card for payment of dues). I understand that the Joiner Fee is a one-time fee as long as I remain an active member of the YMCA. If I choose to cancel or discontinue my membership for more than 30 days, a Joining Fee will be charged when I reapply for membership. I understand that canceling my membership will result in forfeiture of any unapplied insurance reimbursement. I understand that membership dues are not subject to refund and that I will be responsible for any outstanding balances before I am able to cancel my membership.

**RELEASE OF LIABILITY/PARTICIPATION AGREEMENT:** By participating in the YMCA National 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, including without limitation, the YMCA at Austin Community Recreation Center from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, services provided by or through YMCA facilitation or the YMCA and from any liability for other claims, including loss of property, to the fullest extent of the law. I understand the YMCA may take photo/video/audio of myself and/or my children and use them in accordance of our media policy.

**SEX OFFENDER POLICY:** 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. I understand that I will not take any type of photo, video, or electronic data of members, program participants, or other at any time. Conduct detrimental to the association and/or in disregard of Y member policies and practices may result in suspension/termination of membership privileges and possible litigation.

**CODE OF CONDUCT:** I understand that I am responsible for all the members on this membership and guests. Everyone using the YMCA is expected to behave in a mature and responsible way and to respect the rights and dignity of others. The YMCA insists that individuals using the facility demonstrate caring, honest, respectful and responsible behavior. We do not permit profane language or actions that can hurt or frighten another person. Any inappropriate behavior may result in termination of membership.

**BY PROVIDING MY SIGNATURE, I HAVE CONSENTED TO READING AND I UNDERSTAND THE ABOVE INFORMATION.**

Date \_\_\_\_\_ Signature \_\_\_\_\_