



BRANCH # \_\_\_\_\_ MEMBER # \_\_\_\_\_  
ACCESS # \_\_\_\_\_

## YMCA OF FLORIDA'S FIRST COAST - MEMBERSHIP ENROLLMENT FORM

### PRIMARY

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_  
 D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ GENDER \_\_\_\_\_ EMAIL \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ EXT. \_\_\_\_\_  
 COMPANY NAME \_\_\_\_\_ POSITION / JOB TITLE \_\_\_\_\_  
 COMPANY ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ANNUAL HOUSEHOLD INCOME RACIAL/ETHNIC IDENTITY MILITARY SERVICE

\$0 - \$9,999     \$40,000 - \$49,999     American Indian or Alaskan Native     Native Hawaiian or Pacific Islander     Active Duty/Reserves/National Guard

\$10,000 - \$19,999     \$50,000 - \$59,999     Asian     White (Non-Hispanic)     Rank (E/O)

\$20,000 - \$29,999     \$60,000 - \$69,999     Black or African American (Non-Hispanic)     Two or more races/ethnicities     Service Branch

\$30,000 - \$39,999     \$70,000 +     Hispanic/Latino     Prefer not to identify     Veteran Retired

Veteran Honorably Discharged  
 Veteran Purple Heart Recipient

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

### ADDITIONS

NAMES OF ADDITIONAL HOUSEHOLD MEMBERS TO BE INCLUDED D.O.B. GENDER ACCESS NUMBER

ADULT FIRST M.I. LAST / / /

DEPENDENT FIRST M.I. LAST / / /

DEPENDENT FIRST M.I. LAST / / /

DEPENDENT FIRST M.I. LAST / / /

DEPENDENT FIRST M.I. LAST / / /

### MISCELLANEOUS INFO

ARE YOU WILLING TO VOLUNTEER? (Y / N) \_\_\_\_\_ IF YES, WHICH BRANCH OR PROGRAM? \_\_\_\_\_ WOULD YOU LIKE MORE INFORMATION? (Y / N) \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE YMCA? \_\_\_\_\_ BROCHURE \_\_\_\_\_ EXISTING MEMBER \_\_\_\_\_ TV \_\_\_\_\_ FRIEND \_\_\_\_\_ MARQUEE \_\_\_\_\_ WEBSITE \_\_\_\_\_ DROVE BY \_\_\_\_\_  
 \_\_\_\_\_ NEWSPAPER \_\_\_\_\_ PAST MEMBER \_\_\_\_\_ RADIO \_\_\_\_\_ OTHER (PLEASE LIST) \_\_\_\_\_

### GIVE TO THE Y - CHANGE YOUR COMMUNITY

#### ANNUAL GIVING

At the Y, we believe that lasting personal and social change can only come about when we all work together to invest in our kids, our health and our neighbors.

We rely on the generosity of our community to ensure that every individual regardless of age, income or background, has access to the essentials needed to learn, grow and thrive.

Thanks to our donors, we are able to deliver programs and services focused on nurturing the potential of every child and teen, improving our community's health and well-being, and giving back and providing support to our neighbors.

### EFT AUTHORIZATION

I hereby authorize the YMCA to initiate debits on my account with the bank indicated on the attached voided check for membership payment and/or contributions. **It is understood that my EFT membership is to remain in effect until the YMCA has received 30 days written notice from me for the termination of this agreement and that based on my termination date, another EFT might be necessary.** Should my membership and this agreement be terminated either by myself, the YMCA, or the bank, I agree to return all applicable YMCA membership cards. I understand any draft returned from my bank will be automatically redrafted on a future date with a service charge.

PREFERRED EFT DATE \_\_\_\_ 1<sup>ST</sup> \_\_\_\_ 15<sup>TH</sup> NOTICE OF MEMBERSHIP RATE INCREASES WILL BE SENT 30 DAYS IN ADVANCE.

\_\_\_\_ CHECKING

\_\_\_\_ SAVINGS

\_\_\_\_ CREDIT CARD

**Yes, I would like to sponsor a child by giving**

**\$ \_\_\_\_\_ / month to the Y.**

\_\_\_\_\_  
SIGNATURE OF MEMBER / PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

### YMCA USE ONLY

<b>PLAN</b>		<b>JOINING FEE</b>	<b>INITIAL PAYMENT</b>
____ EFT	MEMBERSHIP TYPE _____	____ PAID IN FULL	AMOUNT _____
____ ANNUAL	____ BRANCH-EXCLUSIVE _____ FLORIDA'S FIRST COAST	____ EFT PLAN	VISA _____
____ SEMI-ANNUAL	ENROLLED BY _____ DATE _____	____ WAIVED, USING CODE _____	MC _____
NOTES _____			CHECK # _____
			CASH _____

**PLEASE SIGN WAIVER ON BACK**  
METRO COPY

REVISED 5/2020

## WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT – Membership

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Florida's First Coast, Inc. ("YMCA") for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, 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 or 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 acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs 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 OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, 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 therefore on account of exposure to communicable diseases or 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, without respect to location.
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 releasees 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 foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the state of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT.

\_\_\_\_\_  
SIGNATURE OF MEMBER / PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF MEMBER / PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF MEMBER / PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

### YMCA NATIONWIDE MEMBERSHIP PROGRAM WAIVER

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.

\_\_\_\_\_  
SIGNATURE OF MEMBER / PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

### CONDITIONS OF MEMBERSHIP

All members are required to present a valid membership card for identification when using YMCA facilities and programs. Membership privileges and cards are not transferable, remain the property of the YMCA of Florida's First Coast Inc., and must be returned upon request. The YMCA reserves the right to refuse or revoke any membership. Membership is continuous based on the method of payment. I agree to return all applicable membership cards upon cancellation and understand that I will receive a temporary card for the remainder of my membership for which I have paid or will be paying. **I understand that my YMCA membership is to remain in effect until the YMCA has received 30 days written notice from me for the termination of this agreement. I understand I have sixty (60) days to rejoin without paying another joining fee.**

The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give my permission to the YMCA of Florida's First Coast Inc. to use, without limitation or obligation, photographs, film footage or tape recordings that may include mine and or my family member's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs.

In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.

The undersigned understands that no accident or medical insurance is provided with this activity.

The YMCA conducts regular sex offender screening 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.

### ACCEPTANCE

I accept the Conditions of Membership set forth above and, being in sympathy with the Mission of the YMCA, hereby apply for membership.

\_\_\_\_\_  
SIGNATURE OF MEMBER / PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

Information about our Privacy Policy can be found online at [FirstCoastYMCA.org](http://FirstCoastYMCA.org).

**MISSION**

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

**WAIVER, RELEASE, AND INDEMNIFICATION**

As a member and in consideration of being permitted to enter now and in the future The Young Men’s Christian Association of Florida’s First Coast, Inc. (“YMCA”) for any purpose, including, but not limited to observation, use of facilities or equipment, or participation in any way, including participation in any off-site programs, 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 will, inspect such premises and facilities. It is further warranted that such entry into the YMCA for observation, participation or use of any facilities or equipment, including any off-site, constitutes an acknowledgment that such premises and all facilities and equipment, including off-site, thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for the purposes of such observation or use.

AS A MEMBER AND IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER NOW AND IN THE FUTURE THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION, USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANYWAY, INCLUDING PARTICIPATION IN ANY OFF-SITE PROGRAMS, 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 “releasee”) from all liability to the undersigned, his personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demand therefore on account of injury to the undersigned’s person or property or resulting in death of the undersigned, whether caused by the negligence of the releasee or otherwise while the undersigned is in, upon, or about the premises, or participating in any off-site programs, or any facilities or equipment therein;
2. The undersigned hereby agrees to indemnify and save and hold harmless the releasee 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, including participating in any off-site programs, whether caused by the negligence of the releasee or otherwise; and
3. The undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage due to the negligence of the releasee or otherwise while in, about or upon the premises of the YMCA, or participating in any off-site programs, and/or while using the premises or any facilities or equipment hereon. I give my permission to the YMCA of Florida’s First Coast Inc. to use, without limitation or obligation, photographs, film footage or tape recordings that may include mine and or my family member’s image(s) or voice(s) for purposes of promoting or interpreting YMCA programs. The undersigned further expressly agrees that the foregoing waiver, release, and indemnification agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**YMCA NATIONWIDE MEMBERSHIP PROGRAM WAIVER**

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.

**CONDITIONS OF MEMBERSHIP**

All members are required to present a valid membership card for identification when using YMCA facilities and programs. Membership privileges and cards are not transferable, remain the property of the YMCA of Florida’s First Coast Inc., and must be returned upon request. The YMCA reserves the right to refuse or revoke any membership. Membership is continuous based on the method of payment. I agree to return all applicable membership cards upon cancellation and understand that I will receive a temporary card for the remainder of my membership for which I have paid or will be paying. **I understand that my YMCA membership is to remain in effect until the YMCA has received 30 days written notice from me for the termination of this agreement. I understand I have sixty (60) days to rejoin without paying another joining fee.**

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**ACCEPTANCE**

I have read and voluntarily sign this waiver and release of liability and indemnification agreement, and further agree that no oral representation, statements or inducement apart from the foregoing written agreement have been made.

I also accept the Conditions of Membership set forth above and, being in sympathy with the Mission of the YMCA, hereby apply for membership.

**MEMBERSHIP INFORMATION**

MEMBERSHIP TYPE \_\_\_\_\_

MONTHLY EFT AMOUNT \_\_\_\_\_ FIRST EFT DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

FIXED AMOUNT \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

ACCOUNT INFO FOR DRAFT \_\_\_\_\_

ANNUAL GIVING AMOUNT \_\_\_\_\_

**YOUR INFORMATION**

INITIAL INCOME VERIFICATION COMPLETED.

IF NO INCOME VERIFICATION IS RETURNED BY \_\_\_\_ / \_\_\_\_ / \_\_\_\_ , YOU RATE WILL AUTOMATICALLY CHANGE TO \$ \_\_\_\_ / MONTH.

ANNUAL INCOME CHECKPOINT DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Income verification required annually. If not completed by your annual income checkpoint date, your rate will automatically change to full pay.

Information about our Privacy Policy can be found online at [FirstCoastYMCA.org](http://FirstCoastYMCA.org).