



BRANCH #

MEMBER #

ACCESS #

YMCA OF FLORIDA'S FIRST COAST MEMBERSHIP REVISION FORM

FIRST NAME _____ M.I. _____ LAST NAME _____

Change:

☐ NAME FIRST NAME _____ M.I. _____ LAST NAME _____

☐ ADDRESS STREET ADDRESS _____ APT. _____ CITY _____ STATE _____ ZIP _____

☐ PHONE HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

☐ EMAIL EMAIL ADDRESS _____

MEMBERSHIP RENEWAL: No break in service ☐ ANNUAL ☐ SEMI-ANNUAL AMOUNT PAID: _____**MEMBERSHIP REINSTATED:** Lapsed membership but not more than 60 days. If more than 60 days, use Enrollment Form.☐ ANNUAL ☐ SEMI-ANNUAL ☐ MONTHLY DRAFT ON ☐ 1ST ☐ 15TH☐ **MEMBERSHIP TYPE****Current:**TYPE _____ ☐ FFC ☐ BRANCH

HOME BRANCH _____

Change to:TYPE _____ ☐ FFC ☐ BRANCH

HOME BRANCH _____

(PLEASE CHECK ONE) ☐ ADD ☐ DELETE **FAMILY MEMBERS:**SPOUSE _____ DOB _____ ☐ M ☐ F
New adult members must sign waiver on the back of this form.CHILD _____ DOB _____ ☐ M ☐ FCHILD _____ DOB _____ ☐ M ☐ FCHILD _____ DOB _____ ☐ M ☐ FCHILD _____ DOB _____ ☐ M ☐ FCHILD _____ DOB _____ ☐ M ☐ FCHILD _____ DOB _____ ☐ M ☐ F☐ **METHOD OF PAYMENT****Current:**

☐ MONTHLY DRAFT ON ☐ 1ST ☐ 15TH

☐ ANNUAL ☐ SEMI-ANNUAL

☐ 3RD PARTY / PAYROLL DEDUCTION (Participating Employers Only)

EMPLOYER'S NAME _____

Change to:

☐ MONTHLY DRAFT ON ☐ 1ST ☐ 15TH MONTH OF FIRST EFT _____

When changing to EFT, authorization must be signed by the account holder.

☐ NEW BANK ACCOUNT INFORMATION**If new account holder**, please fill out EFT authorization.☐ NEW CREDIT CARD INFORMATION**If new account holder**, please fill out EFT authorization.

LAST 4 DIGITS: _____ EXPIRATION DATE: _____

CARD ISSUER: _____

☐ ANNUAL (Amount paid) \$ _____☐ SEMI-ANNUAL (Amount paid) \$ _____☐ 3RD PARTY / PAYROLL DEDUCTION (Participating Employers Only)**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 for membership payment and/or contributions. **It is understood that my 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 debit or draft 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 DRAFT DATE ____ 1ST ____ 15TH 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 ACCOUNT HOLDER _____

MEMBER SIGNATURE _____

DATE _____

PLEASE SIGN WAIVER ON BACK**YMCA USE ONLY**

BRANCH STAFF _____

BRANCH NO. _____

DATE _____

METRO COPY

REVISED 08/2013

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 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
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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.

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
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