



Address City State Zip  
Home Phone Cell Phone Work Phone  
Email Employer  
Emergency Contact Name Emergency Contact Phone  
Draft Monthly Annually  
How did you hear about the YMCA?

**Bank Draft membership is a continuous membership plan.** I understand that this membership will remain in effect for as long as I retain the membership card(s) issued and until I submit a cancellation request **30 days prior to the date** on which I would like my membership to end. It is my complete understanding that if I wish to terminate my membership on or after the 1<sup>st</sup> of the month one more monthly payment will be withdrawn from my account before my membership is considered terminated.

**All changes require a 30-day written notice.** This includes but is not limited to changes in membership type (upgrading or downgrading), bank information or payment method (bank draft to annual payment).

Should my bank, for any reason, not honor any membership draft, I realize that I am still responsible for that payment. I understand that the draft will occur **on or about the 1<sup>st</sup> of the month** and that the draft covers membership dues for that month. The YMCA of Pawtucket, Inc. may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive at least 30 Days written notice prior to any such change.

## CONDITIONS OF MEMBERSHIP

I hereby give permission for the Pawtucket YMCA, Inc to use, without limitation or obligation, photographs, film, footage or tape recording which may include the applicant(s) image or voice for purposes of promoting or interpreting YMCA programs.

**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.**

**Member Health:** The applicant(s) represents that he/she is in physically sound condition and understands that participation in group exercise and other exercise, weight training, recreational sports, and use of pools, spas, saunas, steam rooms and fitness equipment, is a risk and takes full responsibility for any such injury or illness that may result from these activities.

**Member Conduct and right to Use the Facility:** The applicant(s) agrees to abide by all policies and procedures of the Pawtucket YMCA Inc. and its affiliated branches; and understands that failure to act in accordance with these rules may result in expulsion from the Pawtucket YMCA and revocation of the membership.

**Property Loss:** the applicant(s) understands that the Pawtucket YMCA Inc. is not responsible for any personal property lost, damaged, or stolen while using the YMCA facilities, including parking lots, or participation in YMCA programs.

**Lost and found:** Will be kept for two weeks and then donated to a local charity

**Insurance:** The applicant(s) understands that the Pawtucket YMCA Inc. does not provide any accident or health insurance for its members or participants and further understands it is the applicant's responsibility to provide such coverage.

**Medical Treatment:** The applicant(s) gives permission for YMCA staff or volunteers to provide emergency medical treatment, and to be transported to an emergency center for treatment. Also, the applicant(s) consents to medical treatment deemed immediately necessary or advisable by a physician.

**YMCA Financial Assistance:** The YMCA of Pawtucket, Inc. welcomes people of all socio-economic backgrounds. The YMCA makes every effort to ensure that no person, will be denied access to programs because of financial hardship

**OUTSIDE POOLS AT MACCOLL:** Are NOT included in the membership, there is an additional fee to use them. Please see Member Service Desk for details.

**Privacy Policy:** The Y has a privacy policy which will advise you about our guidelines concerning the use of your personal information, including the reasonable efforts we make to protect your personal information in accordance with these guidelines, and about what choices you have concerning our use of such information. Please read this policy carefully which is posted on our website: ymcapawtucket.org

I have read and agree to the conditions of membership as indicated on both pages of the membership application.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_  
(parent/guardian if under 18 years)

**Liability Waiver and Release:** *This is a release of legal rights – read and understand before signing.* In exchange for the YMCA allowing me, and if applicable, my spouse and my dependents 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, I, the undersigned, understand and expressly acknowledge that I, and if applicable, my spouse and dependents, release the YMCA of Pawtucket its employees, officers, directors, trustees, agents, members, volunteers or guests (hereafter referred to as “releases”) from any and all action, debts, expenses (including attorney fees) and claims of negligence on account of, or in any way growing out of, directly or indirectly, all known or unknown injuries to the person(s) or property, or resulting death of the undersigned, whether caused by negligence of releases 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 of Pawtucket.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_  
Staff Initial \_\_\_\_\_

Office Use Only	
Date Received _____	Staff Initial _____
Unit ID Number _____	
Date Processed _____	Staff Initial _____

## Membership Payment Agreement

I / We agree to pay the monthly fee on the 1st or 15th of each month. I / We understand the full month fee is due whether or not we participate in any programs.

- **Please note**
- I understand that this membership will remain in effect for as long as I retain the membership card(s) issued and until I submit a cancellation request 30 days prior to the date on which I would like my membership to end. It is my complete understanding that if I wish to terminate my membership on or after the 1st of the month one more monthly payment will be withdrawn from my account before my membership is considered terminated.
- I / We understand that membership fees may increase with 30 days written notice.
- I / We understand there are NO REFUNDS for membership fees prior to a 30-day written notice.

### Express Payment Plan Options

I / We wish to participate in one of the Express Payment Plans (choose one)

#### Option I

Credit Card Type (please check one)	MasterCard	_____	_____	_____	_____
Account Number	_____	_____	Name on Account	_____	_____
			(as it appears on card)		
Expiration date	_____	_____	CSC Code	_____	_____
			(3 digits on back of card)		

**OR**

#### Option II

Please Check One	Checking Account	_____	Savings Account	_____	_____
Bank Name	_____	_____	Name on Account	_____	_____
Routing / Transit Number	_____	_____	Account Number	_____	_____
	9 Digits		7-10 Digits		

### Express Payment Plan Authorization

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

#### Office Use Only

Unit ID Number \_\_\_\_\_