



Greater Lowell Family YMCA Membership Application

New/Renewal Draft Change

Convert Membership Type from

_____ to _____

Primary Member Information (Please print clearly)

Member ID _____

Name _____
First Last

Male/Female **Date of Birth:** ____/____/____

Address _____
Street Apt/Floor# City/Town State Zip

Home Phone:(____) _____ **Cell Phone:** (____) _____

Email: _____ **Opt-In for Text Alerts:**

Employer: _____

Employer Address: _____

Emergency Contact: _____ **Emergency Number:** (____) _____

Additional Member Information:

Add/Remove: 2nd Adult Member _____ DOB ____/____/____ Male Female

Add/Remove: Dependent 1: _____ DOB ____/____/____ Male Female

Add/Remove: Dependent 2: _____ DOB ____/____/____ Male Female

Add/Remove: Dependent 3: _____ DOB ____/____/____ Male Female

Add/Remove: Dependent 4: _____ DOB ____/____/____ Male Female

Add/Remove: Dependent 5: _____ DOB ____/____/____ Male Female

Payment Authorization:

New Draft Payment Amount Change

Name of responsible party on account (If different from above): _____

Address: _____ City _____ State _____ Zip _____

<p>Monthly Payment Date</p> <p><input type="checkbox"/> 1st of the month</p> <p><input type="checkbox"/> 15th of the month</p>	<p>Checking/Savings Account Information</p> <p><input type="checkbox"/> Savings Deposit Slip Attached</p> <p><input type="checkbox"/> Voided Check Attached</p> <p>Monthly Payment Amount \$ _____</p>	<p>Credit/Debit Card Information</p> <p>Mastercard Visa AmEx Discover</p> <p>Card Number Last 4 digits _____</p> <p>Cardholder Name: _____</p> <p>Card Expiration Date ____/____</p> <p>Monthly Payment Amount \$ _____</p>
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By signing this agreement, I authorize the Greater Lowell Family YMCA to draft from my bank account or credit/debit card my monthly membership dues. **Any changes (membership category, bank account information, membership hold/freezes, etc..) must be in writing. I understand that monthly membership dues will continue being drafted from my account until I submit a cancellation notice in writing. Cancellation/Hold notices must be submitted 14 days before the monthly payment date is scheduled.** When there are rate changes, the YMCA will provide a 30- day written notification to all EFT (Electronic Funds Transfer) members. If my EFT payment is not honored by my bank, I understand I am responsible to pay the monthly membership dues plus a \$25 service charge upon notification from the YMCA. I acknowledge that the Joiner Fee and Membership Fees are **non-refundable and non-transferable**. I acknowledge that the authorization of ACH (automated Clearing House) transactions to an account must comply with the provisions of U.S Law.

Signature _____ **Date** ____/____/____ **Staff** _____

RELEASE AND WAIVER OF LIABILITY/INDEMNITY AGREEMENT/PHOTO RELEASE

IN CONSIDERATION of gaining membership or being permitted to utilize the facilities, services, and programs of the YMCA (or for my children to so participate) for any purpose including but not limited to observation or use of facilities, equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, or 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 of the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities, equipment, or participation in such affiliated programs 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.

#1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assignees, heirs, and next of kin for any loss or damage or any claim or demands therefore on account of injury to the person or property or resulting in death, sickness or disease, (including, without limitation, COVID-19) of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises, facilities, or equipment therein or participating in any program affiliated with the YMCA.

#2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, SAVE, AND HOLD HARMLESS the releases from any loss, liability, damage, cost, sickness or disease (including, without limitation, COVID-19) 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 releases or otherwise.

#3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF bodily injury, death, sickness, disease (including, without limitation, COVID-19) or property damage due to negligence of releases while in, about, or upon the premises of the YMCA and/or while using the premises, facilities, or equipment thereon or participating in any program affiliated with the YMCA.

#4. The YMCA does not condone staff privately providing childcare for program participants. Parents or guardians who hire childcare providers from among YMCA staff understand that the YMCA is not responsible for staff who conduct outside employment and hereby releases the YMCA from any liability for acts or omissions of any staff who provide childcare outside of YMCA employment.

#5. By signing this agreement, I hereby give my permission for the YMCA to take my photograph or a photograph of my children and use or publish this likeness for YMCA purposes and I release the YMCA from any claims for such use.

#6. 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 UNDERSIGNED further expressly agrees that the foregoing RELEASE AND WAIVER OF LIABILITY/INDEMNITY AGREEMENT/PHOTO RELEASE is intended to be as broad and inclusive as is permitted by the law of the State of Massachusetts. If any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNED THE RELEASE AND WAIVER OF LIABILITY/ INDEMNITY AGREEMENT/PHOTO RELEASE and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE **Signature** _____

The following information is for statistical purposes only:

Ethnic/Racial Background: Asian/Pacific Islander Black/African American American Indian/Alaska Native Hispanic/Latino White

Other _____

Primary Language: English French Khmer Portuguese Spanish Other _____

Income Level: Less than \$10,000 \$10,000 - \$25,000 \$25,000 - \$50,000 \$50,000 - \$75,000 \$75,000 - \$100,000 Over \$100,000

YMCA Office Use Only:

Membership Type: Family 3 Family 2 Family 1 Senior Senior Couple Adult Young Adult Teen Youth Toddler

Membership Payment Type: Annual Draft/EFT 30 Day Pass Quarterly Semi-Annual Summer Special

Discount Group: Financial Aid Silver&Fit Silver Sneakers Tufts Sr. Care Renew Active Corporate

 Military/Veteran First Responder Third Party Agency Employee Baystate Employee

Membership Expiration Date if applicable: _____

Staff processing this membership: _____