

“Notice of Membership Conditions”

The Athens YMCA mission is to put Christian principles into practice through programs that build healthy body, mind and spirit of all. The Athens YMCA is a private, not for profit 501(c)3 corporation that is overseen by a volunteer board of directors, and run by paid staff. As such, the YMCA reserves the right to exclude membership to individual(s) who have been charged (disposition still pending) and/or convicted of criminal felonies. Of particular concern to the YMCA is potential members who have been charged/convicted of sexual assault, child molestation, etc. In addition, the YMCA reserves the right to terminate an individual(s) membership for conduct unbecoming (fighting, verbal abuse, failure to follow YMCA policies, etc.). The YMCA’s Executive Director will make all determinations and decisions on membership termination.

WAIVER

I understand that the YMCA assumes no responsibility for injuries or illness which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports program, the use of any equipment, exercise, or other activities. I expressly acknowledge on behalf of my self and my heirs that I assume the risk for any and all injuries which may result from my participation in these activities. I hereby release and discharge the YMCA, it’s agents, servants, and employees from any and all claim for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities.

I understand that the Athens YMCA is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises. NO refunds will be issued on membership fees.

ACCEPTANCE

I acknowledge the Waiver set forth above and, being in sympathy with the mission statement of the YMCA, hereby apply for membership.

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

BANK DRAFT AUTHORIZATION

I authorize my bank to honor pre-authorized drafts drawn by the YMCA for membership payments and/or contribution. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement. It is understood that my bank draft membership will be continuous until 30 days after written notification has been received by the YMCA. When the bank honors the draft by charging my account, such drafts constitute my receipt for the payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made in the amount of said payment plus a \$30.00 service charge. If at any time there is to be a change, deletion or cancellation of my membership I will give the YMCA a written 30-day notice. Failure to do so will result in that month’s draft being non-refundable. I understand that, if necessary, an adjusting debit or credit entry may be made to correct an error. A voided check or withdrawal slip is required with all bank draft applications. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. Law.

X _____
Initials

Checking / Savings

Account holder’s address if different from member’s

BANK NAME

ROUTE/TRANSACTION #

ACCOUNT NUMBER

NOTE: Only 9 digits in Routing Number

/15/

ACCOUNT HOLDER NAME

MONTH (FIRST DEBIT DATE)} YEAR

MONTHLY AMOUNT

SIGNATURE OF MEMBER

DATE

SIGNATURE OF ACCOUNT HOLDER (IF APPLICABLE)

FOR OFFICE USE ONLY

MEMBERSHIP # _____

DATE ENTERED _____

COMPANY _____