



MEMBERSHIP APPLICATION YMCA OF THE COASTAL BEND

(PLEASE PRINT)

First Name _____ MI _____ Last _____ ☐ M ☐ F

Birth Date _____ Employer: _____

Race: American Indian/Alaskan Native, Asian, White Caucasian, Hispanic/Latino, Black/African American, Native Hawaiian/Pacific Islander, White Caucasian, 2 or More Races, Other

Income: Under 15,000, 15-\$34,999, 35-\$54,999, \$55-\$74,999, \$75-\$100,00, Over \$100,00, N/A

First Name _____ MI _____ Last _____ ☐ M ☐ F
(Second adult, Family membership only)

Birth Date _____ Employer: _____

Race: American Indian/Alaskan Native, Asian, White Caucasian, Hispanic/Latino, Black/African American, Native Hawaiian/Pacific Islander, White Caucasian, 2 or More Races, Other

Income: Under 15,000, 15-\$34,999, 35-\$54,999, \$55-\$74,999, \$75-\$100,00, Over \$100,00, N/A

Address _____

City _____ State _____ Zip Code _____ - _____

Phone _____ E-mail Address _____

Emergency Contact #1 _____ Relationship _____ Phone _____

ONLY for Family Memberships Information (List last name if different)

Dependent/Children's Names	M/F	Birth Date	Relationship

PLEASE NOTE: A Family Membership covers 2 adults and up to 6 dependents under the age of 18.

MEMBERSHIP FINANCIAL ASSISTANCE: PLEASE COMPLETE ONLY IF REQUESTING ASSISTANCE

OFFICIAL USE ONLY

MEMBER NUMBER# _____ MEMBERSHIP TYPE _____

Renew Active# _____

HEALTHWAYS# _____ - _____ - _____

GROUP NAME _____ F.A. APPROVED FOR _____%

S.O.R. NEG or POS File checked by _____

Household Income *(please list all sources of household income)*

Wages	\$ _____ (monthly)	Gov. Asst.	\$ _____ (monthly)
Child Support	\$ _____ (monthly)	Retirement	\$ _____ (monthly)
Alimony	\$ _____ (monthly)	Other Income	\$ _____ (monthly)
Soc. Sec.	\$ _____ (monthly)	Total Income	\$ _____ (monthly)

Documentation required *(please attach documentation to application)*

(2) Most recent paycheck stubs, or Bank statements.

Any award letters: Unemployment, SSI, Pension/Retirement, Workman's Comp, Disability, Food Stamps

Please read and sign the following, I have, in good faith, reported all family income sources in determining my financial assistance rate

Applicant's Signature _____ Date _____

YMCA OF THE COASTAL BEND - Liability Waiver

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the "Association", its directors, officers, employees, and agents (hereinafter referred to as "releases") 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 therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the 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, without respect to location.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases 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 Association premises or in any way observing or using any facilities or equipment of the Association or participating in any program affiliated with the Association whether caused by the negligence of the releases or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA Association and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Association.

4. THE UNDERSIGNED HEREBY PERMITS THE YMCA, KRIS, KIII, KZTV, KORO, the Caller Times, the Corpus Christi Daily and other media outlets to make and use photographic likeness of myself, in a still or video commercial, to be exhibited by television broadcasting/and/or the internet at the said media stations. The material will be used for news and/or YMCA purposes. It will also be utilized in YMCA print materials, and any forms of media release, and or video produced to help the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing **RELEASE, WAIVER AND INDEMNITY AGREEMENT** is intended to be as broad and inclusive as is permitted by the law of the State and that 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 SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

**All adults on account must sign below*

PRINTED NAME:

DATE OF BIRTH: _____

SIGNATURE

DATE: _____

PRINTED NAME (Guardian) :

DATE OF BIRTH: _____

SIGNATURE

DATE: _____

Credit Card / Bank Draft Authorization for YMCA of the Coastal Bend

Payment option 1

CREDIT CARD Account Holder (please print):

First: _____ MI _____ Last _____

Billing Address: _____

City _____ State _____ Zip Code _____ - _____

Credit Card Number: _____ - _____ - _____ - _____ Expiration Date: _____ Security Code: _____

Card Type: (Master Card) (Visa) (American Express) (Discover Card)

There will be a recurring credit card transaction on your credit card for the amount of \$ _____ and the transaction will be processed on the _____ 1st or _____ 15th of each month.

Payment option 2

BANK DRAFT Account Holder (please print):

****MUST PROVIDE A VOIDED CHECK***

First: _____ MI _____ Last _____

BANK'S NAME: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

There will be a recurring credit card transaction on your credit card for the amount of \$ _____ and the transaction will be processed on the _____ 1st or _____ 15th of each month.

Membership Refund Policy: YMCA memberships are non-refundable. \$30 Return Fee for all Declined Drafts.

Membership Cancellation Procedure: Members who wish to cancel their YMCA draft account must complete a cancellation form and submit it to the YMCA. A notice of this request is required thirty days (30) prior to the authorization draft/debit date.

By signing below, I understand and agree to the terms set forth in this agreement and agree to pay, and specifically authorize, the YMCA of the Coastal Bend to charge a monthly amount to be deducted from either my personal checking account, savings account, or credit card. I understand that in order to terminate my monthly draft I will need to provide the YMCA of the Coastal Bend a 30-day written notice. Cancellation forms are provided by the front desk and must be filled out in person. I understand that I will incur one more draft after I have filled out the cancellation form.

Authorized Account Holder's Signature: _____

Printed Name: _____ Phone Number: _____ Date: _____

Please note: Recurring credit card payments require the cardholder to sign a new form if the credit card expiration date changes

OFFICE USE ONLY:

Member ID Number: _____

Date Received: _____ Staff Initial _____ Date Changed in System: _____ Staff Initial _____



YMCA of the Coastal Bend

ORIENTATION APPOINTMENT REQUEST

1. Would you like to learn more about the equipment available at the YMCA?

2. Are you interested in personal training?

3. Goals for your membership:

Please leave your best form of contact, and a trainer will set up
your FREE orientation.

Member (Please Print):

Name: _____

Date: _____ Phone Number: _____

*Trainers Use Only

Contact attempt: Date(s) _____ Staff _____

Comments _____

Appt date/time _____ Orientation completed by _____