



JOIN

ONEONTA FAMILY YMCA

20-26 Ford Avenue, Oneonta, NY 13820

607.432.0010 www.oneontaymca.org

Membership Household Information

Member 1 Name _____ DOB _____ Gender _____

Street Address _____

City _____ State _____ ZIP _____

Home Phone _____ Mobile Phone & Cell Carrier _____ Email _____

Employer Name _____ Employer Phone _____

Member 2 Name _____ DOB _____ Gender _____

Home Phone _____ Mobile Phone & Cell _____ Email _____

Employer Name _____ Employer Phone _____

Dependents

Name _____

DOB _____ Gender _____

Name _____

DOB _____ Gender _____

Name _____

DOB _____ Gender _____

Name _____

DOB _____ Gender _____

Emergency

Contact Name _____

Relationship _____

Phone _____

Membership Type: _____

Annual () Trial () Auto Draft () Military () Contractual ()
 Scholarship: 10% () 25% () 50% () 75% ()
 Corporate 10% () 15% ()
 Corporate Wellness Membership _____

Today's Date: _____

Draft Start Date: _____

Staff Initial: _____

How did you find us?

- Another Y member
- Facebook
- Internet Search
- Print Publication
- Mailing
- Radio
- Website
- Workplace
- E-mail
- Other _____

Annual and autopay members are eligible to receive the Fit4Me app that helps develop a program that fits your lifestyle and is set up specific just for you! We can help you get started! **Would you like to set up an appointment for our fitness staff to show you how to use this app?**

Yes _____ No _____

What is motivating you to join? (Select all that apply)

- Adult Sports Leagues
- Group Fitness Classes
- Personal Wellness
- Afterschool Programs
- Gymnastics Programs
- Open Gym
- Summer Programs
- Family Programs
- Personal Training
- Running
- Senior Programs
- Swimming
- Swim Lessons- Adult
- Swim Lessons- Youth
- Teen Programs
- Triathlon Training
- Water Fitness
- Youth Programs
- Other _____

Are you interested in volunteer work? (Select all that apply)

- Arts
- Committees
- Help with inclusion
- Maintenance
- Special events
- Sports
- Swimming
- Work with kids
- Work with seniors
- Other _____

At the Y, strengthening community is our cause.

We offer financial aid to ensure that every child, family and adult can enjoy the life-changing benefits of a YMCA membership. I'd like to join the cause by adding a \$ _____ donation each month to my membership payment.

MEMBERSHIP AGREEMENT

ALL PARTICIPANTS OR THEIR GUARDIANS MUST SIGN THIS RELEASE FORM PRIOR TO UTILIZING THE ONEONTA FAMILY YMCA'S FACILITY

I do hereby assume full responsibility for any and all damages, injuries, or loss that I/we may sustain or incur, if any, while attending or participating in any YMCA exercise program and/or during any visit to the YMCA. I/we hereby waive all claims against the Oneonta Family YMCA, its instructors, agents, staff, or partners of said program, individually, or otherwise, for any and all claims for injuries or damages that I/we might sustain. I understand that there is risk of injury associated with participation in any Oneonta Family YMCA exercise program and I/we certify that I/we are in good physical condition and have no disabilities or other ailments that might hamper my/our participation. I certify that all of the information provided on this document is correct and true. Memberships are non-transferrable. I acknowledge that I have read & agree to all terms in the membership handbook. I also understand that outstanding balances may cause a denial of my/family access to the facility and/or programming. I understand that I must give at least 30 days written notice should I decide to terminate my membership with the Oneonta Family YMCA. **A rejoining fee of \$100 will be imposed if canceling before the annual commitment has been fulfilled.** *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 Signature

Date

Member Signature

Date

Some health insurance plans encourage healthy living by reimbursing the cost of YMCA memberships. Does yours?

- Yes No Not Sure

Please read the following statements:

I understand that any sexual offender status is against the YMCA mission and will result in termination of my membership.

I understand that the YMCA will not provide refunds and there may be fees for any transfers or changes made on my account.

I understand that there will be 2% interest charge applied to any/all balances remaining unpaid after 30 days.

I understand that the YCMA will not sell or hand out my personal information.

I understand that Membership Rates are subject to increases January 1st.

I understand that the YMCA will be closed for most legal holidays, as well as annually prior to Labor Day weekend for building maintenance and staff training.

Signature of person authorized on account

Credit Card Information

American Express Discover MasterCard Visa

Account # _____

Exp. Date _____

Checking Account Information

Name of Bank _____

Route & Transit # _____

Account # _____