



# MASON CITY FAMILY YMCA

## MEMBERSHIP APPLICATION

FD Staff Initials: \_\_\_\_\_

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### MEMBERSHIP TYPE & DISCOUNT

- Youth Membership—Ages 6 weeks-18yrs
- Young Adult Membership—Ages 19-26yrs
- Adult Membership—Ages 26-64
- Couple Membership—2 adults
- Household Membership—  
2 Adults & the Youth (6 weeks-25) living in the home
- Single Parent Household Membership—1 Adult & the Youth (6weeks-25) living in the home
- Senior Adult Membership—Age 65+
- Senior Couple Membership—1 person age 65+
- Veteran Discount
- MercyOne Discount
- Other Discount: \_\_\_\_\_

### PRIMARY CONTACT INFORMATION

If this is a youth membership, fill out PARENT information here. Add the child's name later in the application.

Primary Adult Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Cellular Phone Number \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Opt in to SMS Texting? Yes or No

[We will use your email to send, payment receipts, Y News, new program announcements, facility & program cancellations and members only monthly giveaways and events.](#)

### HOUSEHOLD INFORMATION

Secondary Adult Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

#### CHILDREN LIVING IN THE HOME

Child Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Child Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Child Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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Primary Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Child Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

## ADDITIONAL SERVICES (NO DISCOUNTS)

- 1 Towel Service (\$8/Month)  Locker Service (\$4/Month) Locker # \_\_\_\_\_
- 2 Towel Service (\$12/Month)  Locker Service (\$4/Month) Locker # \_\_\_\_\_
- \$10/Unlimited Access KidZone 1 Child OR \$15/month 2+children
- \$12/Month Adult Add-On to a Family Membership (26+yrs.) Name: \_\_\_\_\_
- Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Email: \_\_\_\_\_
- YES! I would like to donate to the Mason City Family YMCA's Annual Youth Campaign. Please charge my credit card in the amount of \$\_\_\_\_\_per month or I would like to make a one time donation of \$\_\_\_\_\_.

## PAYMENT METHODS

- Annual Payment
- Monthly Recurring Electronic Funds Transfer
- Please note: if your pre-authorized monthly draft credit/debit card expires you must inform our YMCA of the change. Cancellation of your membership must be done on the 25th of the month prior to the next process date. All funds are drawn on the 5th day of the month.
- Name on Account \_\_\_\_\_
- Checking Account (attach a voided check) Routing # \_\_\_\_\_ Account # \_\_\_\_\_
- Debit /Credit Card Charge Account # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## REFUND POLICY

Programs, joiner's fees, advanced paid memberships and camp deposits are non-refundable. Should the YMCA need to cancel a class session, a full refund will be issued. Should the participant cancel 7 days prior to the first class, a full refund will be issued. No other refunds or credits will be issued.

Ten days advance written notice is required to cancel a membership draft. To cancel, you must come to the YMCA and complete a termination notice.

## PHOTO RELEASE

While participating in any YMCA programs, the Mason City Family YMCA has permission to photograph myself and/or my children and family members for publicity purposes.

## PERSONAL PROPERTY

The Mason City Family YMCA is not responsible for any lost or stolen articles while using the YMCA facilities. It is recommended that members do not bring valuables to the YMCA, and if you do, to provide your own lock to secure the valuables. Locks may be available at the front desk.

## NATIONWIDE MEMBERSHIP

I understand that 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 the YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

## CONSENT & RELEASE

I agree that the Mason City Family YMCA shall not be responsible for any personal injuries or losses sustained by me or my family while on any Y premises, or as a result of any Y sponsored activities. I further agree to indemnify and hold harmless the Y from any claims or demands arising out of any such injuries or losses. The undersigned hereby releases, waives, discharges and covenants not to sue the Y, its directors, officers, employees, and agents from any claims for injury, illness, death, loss or damage that may be suffered as a result of participation in these activities. The undersigned assumes all risk for participation in Y activities. The undersigned acknowledges that a physician should be consulted prior to participating in any physical activity or program.

I acknowledge that neither myself or anybody listed on this membership application has been convicted of a sex offense.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date