



ADULT / HOUSEHOLD APPLICATION

INSTRUCTIONS: PRIMARY MEMBER READ AND COMPLETE ALL SECTIONS (WHERE APPLICABLE). 1-8

FOR STAFF
USE ONLY

DATE _____ HOME BRANCH _____

UNIT ID _____ STAFF NAME _____

PAYMENT METHOD FIXED EFT PRIME SILVER SNEAKERS OTHER _____

PRIMARY ADULT

1

TYPE OF MEMBERSHIP ADULT HOUSEHOLD

PRIMARY ADULT NAME (Please Print) _____
(First) (M.I.) (Last)

GENDER Male Female DOB _____
(Month) (Day) (Year)

MARITAL STATUS Single Married Divorced Separated Widowed

ETHNICITY Native American Alaskan Native African American/Black
 Asian/Pacific Islander Caucasian/White Hispanic Other

Ethnicity is collected for demographic purposes ONLY to ensure we are serving our entire community.

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE (H) _____ (W) _____ (C) _____

EMAIL ADDRESS _____

EMPLOYER _____

EMERGENCY CONTACT _____ PHONE _____
(First) (Last)

RELATIONSHIP TO PRIMARY ADULT _____

HOUSEHOLD INCOME 0 - \$14,999 \$15,000 - \$24,999 \$25,000 - \$34,999

\$35,000 - \$49,999 \$50,000 - \$74,999 \$75,000 - \$99,999 \$100,000 - \$149,000

\$150,000 - \$199,999 \$200,000 - \$249,999 \$250,000 and above

Household income is collected for demographic purposes ONLY to ensure we are serving our entire community.

ADDITIONAL ADULT

2

ADDITIONAL ADULT NAME (Please Print) _____
(First) (M.I.) (Last)

RELATIONSHIP TO PRIMARY ADULT _____

GENDER Male Female DOB _____
(Month) (Day) (Year)

MARITAL STATUS Single Married Divorced Separated Widowed

ETHNICITY Native American Alaskan Native African American/Black
 Asian/Pacific Islander Caucasian/White Hispanic Other

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PHONE (H) _____ (W) _____ (C) _____

EMAIL ADDRESS _____

EMPLOYER _____

EMERGENCY CONTACT _____ PHONE _____
(First) (Last)

RELATIONSHIP TO ADDITIONAL ADULT _____

DEPENDENTS

3

ADDITIONAL CHILDREN 23 AND UNDER (FOR HOUSEHOLD MEMBERSHIPS ONLY)

DEPENDENT NAME (Please Print) _____
(First) (M.I.) (Last)

GENDER Male Female DOB _____ SCHOOL NAME _____
(Month) (Day) (Year)

ETHNICITY Native American Alaskan Native African American/Black
 Asian/Pacific Islander Caucasian/White Hispanic Other

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(First) (M.I.) (Last)

GENDER Male Female DOB _____ SCHOOL NAME _____
(Month) (Day) (Year)

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(First) (M.I.) (Last)

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4

PAYROLL DEDUCTION AUTHORIZATION

I authorize Oklahoma County to payroll deduct my one-time joining fee and my monthly membership dues on a after tax basis.

AUTHORIZED SIGNATURE _____ DATE _____
(MUST BE 18 YEARS OR OLDER)

5

HOLD HARMLESS AGREEMENT

I, on behalf of myself and any other individuals named in this application (each individually a "Member" and collectively the "Members"), agree to indemnify, release, discharge, and hold harmless the YMCA OF GREATER OKLAHOMA CITY (the "YMCA") from all claims, actions, suits, demands, damages, liabilities, costs, and expenses, of any nature whatsoever, whether personal or property, that may result from any Member's use of the YMCA facilities, premises, or equipment, or any Member's participation in any activity conducted by, provided through, or associated with the YMCA.

AUTHORIZED SIGNATURE _____ DATE _____
(MUST BE 18 YEARS OR OLDER)

6

MEMBERSHIP

By submitting this application, I represent and warrant to the YMCA that I am authorized to bind each individual Member, and that each individual Member not signing this application is an express beneficiary of the application, is knowingly seeking and obtaining the benefits of the application and the YMCA, and is subject to all terms and conditions of this application.

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.

In order to participate in the YMCA Nationwide Membership program, we will be sharing limited member information, including name and birthdate, with YMCA, the National Council of Young Men's Christian Associations of the United States of America (the "YMCA USA") and other participating Ys for check-in purposes.

The YMCA reserves the right to terminate or refuse any one membership based on inappropriate behavior or not abiding by the rules, regulations and policies of the Y.

AUTHORIZED SIGNATURE _____ DATE _____
(MUST BE 18 YEARS OR OLDER)

7

CANCELLATION / CHANGE POLICY

I understand that the primary member is the only authorized individual that can cancel or make changes to the membership account. The primary member must provide written notification of cancellations or account changes within 7 days of the member draft date* to be effective on the next scheduled draft. Please keep a copy of your cancellation/change form for your records. Members are responsible for reviewing their bank statements to verify their monthly draft has been cancelled/changed. Should the Y fail to cancel your draft following written notification, refunds MUST be requested in writing within 60 days of the membership termination date.

*Notification must be received by the 8th or the 24th of the month depending on your draft date.

AUTHORIZED SIGNATURE _____ DATE _____
(MUST BE 18 YEARS OR OLDER)

8

PHOTO AND VIDEO/AUDIO RECORDING RELEASE

PHOTO AND VIDEO/AUDIO RECORDING RELEASE: I, on behalf of myself and any other individuals named in this application, authorize and grant the right to the YMCA USA, and third parties collaborating with the YMCA or YMCA USA to use, reproduce, publish, and depict any Member's name, voice, words, or likeness, in any manner that the YMCA or YMCA USA deems necessary or appropriate, in all media, worldwide in perpetuity, in connection with the production, distribution, marketing, promotion, advertisement, packaging, sale, publication, exhibition, or exploitation of such Member's experience at, or narrative account of, the YMCA's facilities, including in any print advertisements, broadcasts, telecasts, or retransmissions of or regarding the YMCA, without any compensation to, or claimed by, any such Member.

AUTHORIZED SIGNATURE _____ DATE _____
(MUST BE 18 YEARS OR OLDER)