



Fort Madison Family YMCA
 220 26th Street
 Fort Madison, IA 52627

MEMBERSHIP APPLICATION

NAME _____ DOB _____ MALE/FEMALE

ADDRESS _____ CITY&ZIP _____

PLACE OF EMPLOYMENT _____

PHONE# _____ E-MAIL ADDRESS _____

FAMILY MEMBERS:

SPOUSE _____ DOB _____ MALE/FEMALE

DEPENDENT CHILDREN:

1) _____ SEX _____ DOB _____

2) _____ SEX _____ DOB _____

3) _____ SEX _____ DOB _____

4) _____ SEX _____ DOB _____

YMCA Membership Options

Locker Rental (\$4 a month): _____

24 Hour Access (\$5 a month): _____

TYPE OF MEMBERSHIP REQUESTED (PLEASE CIRCLE ONE):

YOUTH COLLEGE ADULT FAMILY SINGLE PARENT FAMILY SENIOR SENIOR COUPLE

******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. ******

**FORT MADISON FAMILY YMCA
 BANKDRAFT AUTHORIZATION/CHANGES**

Membership type: _____ **Dollar amount taken out:** _____ **Beginning date:** _____

Name of Bank: _____ **Bank Routing #:** _____ **Bank Account #:** _____

I authorize you to charge my account on the 15th of every month for the monthly amount and remit that amount to the Fort Madison Family YMCA. I agree that your treatment of each (draft), and your right in respect to it, shall be the same as if a check were signed personally by me and that if any such draft be dishonored, whether with or without cause, you shall be under no liability whatsoever. Monthly rate is then deducted the second month of the membership. The YMCA reserves the right to immediately terminate memberships due to receipt of nonpayment by non-sufficient funds, closed accounts or other means. The YMCA reserves the right to adjust the monthly draft amount to reflect increases in membership rates. A notice of this adjustment will be sent out prior to the change in draft amounts. The membership is perpetual and goes uninterrupted until you change or terminate it. To terminate or change a membership, you are required to complete a cancellation/change form at the Fort Madison Family YMCA. This notification must be received by the last day of the month to be effective the following month.

Signature: _____ **Date:** _____



FORT MADISON FAMILY YMCA MEMBERSHIP POLICIES

24 HOUR FACILITY ACCESS (OPTIONAL)

With 24 hour access, you may use the Fitness Center, Weight Room, Gymnasium and Down Stairs Aerobic Room 24-hours a day. There is no limit on how often you use the facility. By initialing here you accept the \$5 monthly fee for 24 Hour Access in addition to your membership fees. It's \$5 to replace lost, stolen, or damaged cards. INITIALS: _____

GUEST POLICY

You are invited to bring a guest to the facility **only during staffed hours**. The guest will need to fill out a one-time guest registration form and waiver. Any member giving access to a non-member during non-staffed hours is subject to forfeit their membership. Abuse of the guest policy will result in a termination of membership with no refund and/or notice. INITIALS: _____

SAFETY AND SECURITY

The FORT MADISON FAMILY YMCA is under 24-hour video recorded surveillance. A courtesy telephone is available for member use and for emergencies. The facility's address is posted next to the telephone along with a list of emergency phone numbers. Individuals with health problems should never exercise alone. Please **DO NOT** admit other individuals with your card into the FORT MADISON FAMILY YMCA. To do so poses a security risk for you and other members and is a violation of policy and subject to termination of 24 Hour Access privileges with no refund and/or notice. INITIALS: _____

DECLINE FEE

There is an additional \$25 fee that will be automatically charged to your account if a decline or insufficient funds occur during a billing cycle. If we are unable to collect payment, your privileges are subject to termination with no refund and/or notice. INITIALS: _____

EQUIPMENT USAGE

New members may sign up for a FREE fitness orientation the will instruct you on the usage of the equipment. Additionally, if at any time you have questions about the safe use of any of the equipment, please contact any of our staff or personal trainers. When using free weights, be sure to use a spotter. Please return all free weights to racks when finished and use a towel to wipe down the equipment after use. During busy times, please allow others to work-in with you on equipment and limit your time on the cardio machines to a reasonable duration when other members are waiting. INITIALS: _____

PROPER ATTIRE & HYGIENE

Wearing exercise clothing such as shorts, sweats, tank tops and athletic shoes will help to make your workout more enjoyable. Shirts, shoes and bottoms must be worn at all times in the facility. Jeans are not permitted due to wear and tear on the exercise padding. For your safety, street shoes, open-toed sandals, boots, and excessive jewelry are not permitted. Clean workout clothing is required and modest cloth-ing is preferred. Failure to obey will be subject to termination with no refund and/or notice. INITIALS: _____

LOST OR STOLEN ITEMS

The FORT MADISON FAMILY YMCA is not responsible for lost or stolen items. If you feel you have left something in error, please notify the front desk during staffed time & we will be happy to check for you. INITIALS: _____

AGE REQUIREMENTS

We encourage each of your family members to exercise. However, because of liability and safety reasons, along with city curfew and laws, any and all persons **under the age of 8** must be accompanied with an adult in the building. All persons under the age of **18 will not** be allowed access to a 24/7 membership. If a person 18+ is found to be letting in a person that is under 18, your 24/7 membership may be discontinued with no refund and/or notice. INITIALS: _____

WAIVER AGREEMENT AND RELEASE OF LIABILITY

In consideration of being allowed to participate in exercise activities at the FORT MADISON FAMILY YMCA, to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the FORT MADISON FAMILY YMCA and its owners, agents, employees, representatives, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned activities. I do also hereby release all of those mentioned, and any other acting upon their behalf, from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my participation in any activities of the FORT MADISON FAMILY YMCA or the use of any equipment at the FORT MADISON FAMILY YMCA. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. I understand that the FORT MADISON FAMILY YMCA is a facility that allows member's access to its services at all times. I understand that the facility will not always have an employee present and that I assume all risks involved by exercising on my own at the facility. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities and utilization of equipment and machinery in my activities. INITIALS: _____