



FOR YOUTH DEVELOPMENT®  
**FOR HEALTHY LIVING**  
 FOR SOCIAL RESPONSIBILITY

# Membership Change Form

**Where will this change be occurring?**

- Caldwell Y
- Downtown Y
- South Meridian Y
- West Y

**Please Fill Out Completely & Legibly**

First Name	Middle Initial	Last Name	Phone #
Street Address		City	State Zip
Date Of Birth	Gender	Email	

**Re-instatement of:**  Family  2-Person Family  Individual

**Please ADD the following individuals to my membership unit:**

Name (First, Middle, Last)	Age	Date Of Birth	Gender	Relationship To Member

**Please ADD the following services to my membership unit:**

**\* Names to be added to Kid Zone**

<input type="checkbox"/> Individual Towels For _____	<input type="checkbox"/> Personal Training	_____	_____	_____
<input type="checkbox"/> Family Towels	<input type="checkbox"/> New Drafting Account	_____	_____	_____
<input type="checkbox"/> Locker (# _____)	<input type="checkbox"/> Other: _____	_____	_____	_____
<input type="checkbox"/> Kid Zone *		_____	_____	_____

**Please REMOVE the following individuals from my membership unit:**

Name (First, Middle, Last)	Age	Date Of Birth	Gender	Relationship To Member

**Please REMOVE the following services from my membership unit:**

**\* Names to be removed from Kid Zone**

<input type="checkbox"/> Individual Towels For _____	<input type="checkbox"/> Personal Training	_____	_____	_____
<input type="checkbox"/> Family Towels	<input type="checkbox"/> New Drafting Account	_____	_____	_____
<input type="checkbox"/> Locker (# _____)	<input type="checkbox"/> Other: _____	_____	_____	_____
<input type="checkbox"/> Kid Zone *		_____	_____	_____

**Name Change**

Former Name \_\_\_\_\_

New Name \_\_\_\_\_

**Emergency Contact Change**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship To Member \_\_\_\_\_

**Staff Use Only**

Date: \_\_\_\_\_

Total \$ Paid To YMCA: \_\_\_\_\_

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



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# Membership Change Form

## New Drafting Method

### Checking/Savings Account Information:

From:  Checking Account  Savings Account

Name as it appears on account: \_\_\_\_\_

Last 4 digits of account #: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

### Credit/Debit Card Information:

Charge my:  Visa  MasterCard  Discover

Last 4 digits on credit card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

### Payment Authorization:

I authorize my financial institution to honor drafts drawn by the YMCA on my account. Drafts from my account will be taken out between the 1st and 5th of each month. The amount drafted will be the current balance due on my account. It is understood that my bank draft will be continuous until 15 days after written notification has been received by the YMCA. Should any draft not be honored by my financial institution, I understand that it is still my responsibility to make payments for all fees due, including any fees not covered by the bank. The YMCA has the right to redraft any account that had nonsufficient funds. The YMCA reserves the right to charge a \$20 fee for nonsufficient bank drafts and/or credit/debit card returns. If at any time there is to be a deletion or cancellation of my membership, it is to be submitted in writing to the YMCA branch where my membership was purchased 15 days prior to the first of the following month. Failure to do so will make the subsequent draft non-refundable. Changes or cancellations cannot be made by telephone or online. The YMCA will notify me, in

\_\_\_\_\_  
 Signature From Person Responsible For Payment Date

### Mandatory Risk Waiver and Membership Understanding (Member Signature Required)

YMCA participants understand that recreational activities do have inherent risks which are beyond the control of the Treasure Valley Family YMCA and its staff, volunteers and members. I (we), the undersigned, do understand that upon using the facility and/or services that I hereby assume all risk for the behavior, actions, and safety of myself, and persons under my care when involved in the activities. Therefore I, assume full responsibility for personal injury to myself, and to persons under my care, or for loss or damage to personal property and expenses thereof as a result of negligence, the negligence of persons under my care participating in said activities, or the negligence of the Treasure Valley Family YMCA. I have read and understand this agreement and release of liability, and do voluntarily agree to sign. While on the premises of any Treasure Valley Family YMCA facility or enrolled in any YMCA program, myself, and persons under my care agree to act with caring, honesty, respect and responsibility. 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 YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

### Non Sex Offender Acknowledgment & Screening (Member Signature Required)

The Treasure Valley Family YMCA will deny all applications for membership and/or program participation privileges to anyone who is known by us to be a registered sex offender. 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. By signing below I acknowledge that neither I nor anyone included on this application is a registered sex offender.

*By signing below I (we), agree to all policies outlined above*

\_\_\_\_\_  
 Primary Adult Name Signature Date

\_\_\_\_\_  
 Second Adult Name Signature Date

\_\_\_\_\_  
 Additional Family Member 18+ Signature Date

\_\_\_\_\_  
 Additional Family Member 18+ Signature Date

**Names of minor child(ren) I am responsible for:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_