

**YWCA of Brunswick**  
**FACILITY MEMBERSHIP APPLICATION**

144 Scranton Connector  
Brunswick, Georgia 31525  
(912) 265-4100 FAX (912) 265-8059

<b>Type of Membership</b>		<b>Join Date</b>		<b>Member Number – For Office Use</b>	
<b>PLEASE PRINT</b>					
<b>Name:</b> Last Name                      First Name                      Middle Initial				<b>Sex:</b> _____ Male            _____ Female	
<b>Date of Birth:</b> /    /		<b>Race:</b> ___ White    ___ Black    ___ Hispanic    ___ Asian    ___ Am. Indian    ___ Other			
<b>Home Address:</b>  Street #                      Street Name                      City                      State                      Zip					
<b>Email:</b>					
<b>Home Phone:</b>			<b>Cell Phone:</b>		
<b>Employer:</b>			<b>Position/Occupation:</b>		<b>Business Phone:</b>
<b>Business Address:</b>					
<b>SPOUSE INFORMATION</b>					
<b>Name:</b> Last Name                      First Name                      Middle Initial				<b>Sex:</b> _____ Male            _____ Female	
<b>Date of Birth:</b> /    /		<b>Race:</b> ___ White    ___ Black    ___ Hispanic    ___ Asian    ___ Am. Indian    ___ Other			
<b>Employer:</b>			<b>Position/Occupation:</b>		
<b>Business Address:</b>			<b>Business Phone:</b>		<b>Cell Phone:</b>
<b>CHILDREN</b>					
<b>Name</b>		<b>Date of Birth</b>	<b>Sex</b>	<b>Race</b>	<b>School</b>
<b>EMERGENCY CONTACT</b>					
<b>Name:</b> Last Name                      First Name                      Middle Initial				<b>Relationship:</b>	
<b>Home Phone:</b>		<b>Cell Phone:</b>		<b>Work Phone:</b>	
<b>OFFICE USE ONLY</b>					
<b>Receipt: #</b>		<b>Joiner Fee:</b>		<b>Membership Fee:</b>	<b>Staff Initial:</b>



**YWCA of Brunswick**  
**MEMBERSHIP AGREEMENT**

144 Scranton Connector  
Brunswick, Georgia 31525  
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**Membership Payment Options (initial one)**

1. \_\_\_ Joining Fee and monthly fees paid in full for 1 year. Discount of 1 month free. YWCA credit given for unused portion in event of early cancellation.
2. \_\_\_ Joining Fee and monthly fees combined and drafted each month. 12 Month agreement required with a \$75.00 buyout for early termination.
3. \_\_\_ Joining Fee in full and monthly Draft with no Administrative fee.
4. \_\_\_ Temporary Membership. Joining Fee and Monthly Fees paid in full, for a period of \_\_\_ months.

**YWCA Membership and Joiner fees are non refundable.**

Member agrees to purchase the use of the YWCA facilities for a minimum of 12 consecutive months, unless otherwise noted. In the event the member dies or becomes totally and permanently disabled during the membership term. The member or family member, in case of Members death, may cancel this agreement and be refunded any future payments made to the YWCA for unused services.

**A 30 day notice of cancellation of membership is required.  
The YWCA office needs to be notified in writing.**

**Members Acknowledgement of Agreement**

By my signature I, the Member agree that this facility is not responsible or liable to me for any injury, accident or loss of personal property. I understand that I cannot transfer this membership to any other person. I release the YWCA and its employees from any claim or cause of action which might occur as a result of any medical problem known or unknown by me. I agree to follow YWCA guidelines. Failure to do so may result in cancellation of my membership. **I HAVE READ THIS AGREEMENT AND AGREE TO THE TERMS.**

**Member's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Staff Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**The information you have given is for the sole purpose of the YWCA Family Center  
and will be kept CONFIDENTIAL**

## INFORMED CONSENT FOR FITNESS AND/OR AQUATICS PARTICIPATION

I desire to engage voluntarily in the YWCA fitness/Aquatics programs in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on the body and to thereby attempt to develop and maintain cardio respiratory fitness, body composition, flexibility, and muscular strength and endurance.

I understand the need for a physical examination prior to beginning an exercise program. Realizing that the results of such a physical examination might indicate that I not begin such an exercise program, I elect: to have \_\_\_\_\_ or NOT to have \_\_\_\_\_ such an examination performed. I assume the risk for any injury I might suffer in an exercise program conducted at the YWCA.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of fitness/aquatics programs. I also affirm that my questions regarding the fitness/aquatics programs have been answered to my satisfaction.

Also, in consideration for being allowed to participate in the YWCA fitness/aquatics programs, I agree to assume the risk of such exercise, and further agree to hold harmless the YWCA and its staff members conducting the fitness/aquatics programs from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from, the exercise program. Therefore, I understand that if I am injured during these YWCA programs, that I am responsible for paying for my medical costs.

**The below information should be filled out on EACH family member included in your membership!**

### PLEASE PRINT

<b>PLEASE PRINT</b>					
<b>Participant Name:</b>				<b>Date of Birth:</b>	
<b>Home Address:</b>					
Street #	Street Name	City	State	Zip	Phone Number
<b>MEDICATIONS AND LIMITATIONS</b>					
<b>Physicians Name:</b>					
<b>Address:</b>					
Street #	Street Name	City	State	Zip	Phone Number
<b>Emergency Contact Name:</b>					
Street #	Street Name	City	State	Zip	Phone Number

**Participant/Parent/Guardian/Responsible Adult (18 & older) Signature**

**Date**

# ZERO TOLERANCE POLICY



**AS A  
YWCA MEMBER YOU ARE ASKED:**

- Not to swear or use disrespectful language
- Not to be excessively loud and rowdy
- To obey all YWCA rules, such as no food or drink in restricted areas
- To be respectful of your fellow YWCA members, staff, and visitors
- To realize YWCA membership is a privilege, not a right
- To be aware that violators of this policy may have their membership cancelled.

Please sign below:

**ADULTS:**

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**YOUTH FAMILY MEMBERS:**

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