



YMCA Wellness Center
St. John Arena

FAX BACK TO: 740-264-8658

**Payroll Deduction Authorization Form
Trinity All Access Rates
Association-Wide Membership**

I hereby authorize Trinity Health System to deduct the appropriate sum from my paychecks, according to the designation marked below. I further acknowledge that if my earnings are not sufficient to cover these charges, they remain a debt that I owe to the YMCA.

All Association

Adult ____ \$5.00 per pay
Single Parent Family ____ \$8.08 per pay
Married Couple ____ \$9.32 per pay
Family ____ \$11.17 per pay

I understand this authorization begins upon submission of this form to the Payroll Department and remains in effect until I give written notification to both the YMCA and the hospital. Fax back to *Human Resources Fax number 740-264-8658

Please fully complete the following information and return this form to the Human Resources or Payroll Department.

Employee number _____ Department _____

Print Name _____

Signature _____ Date _____



YMCA Payroll Deduct Membership

FOR YOUTH
DEVELOPMENT®
FOR HEALTHY LIVING

TODAY'S DATE	MEMBERSHIP TYPE:	COMPANY NAME:	PAYROLL REPRESENTATIVE SIGNATURE:			
1ST ADULT						
FIRST NAME	MIDDLE	LAST NAME	GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		BIRTHDATE	
MAILING ADDRESS			CITY		STATE	ZIP CODE
PHONE		ALT. PHONE		EMAIL		
EMPLOYER				WORK PHONE		
EMERGENCY CONTACT NAME (OUTSIDE OF HOUSEHOLD)			EMERGENCY CONTACT NUMBER		RELATIONSHIP	
2ND ADULT						
FIRST NAME	MIDDLE	LAST NAME	GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		BIRTHDATE	
EMPLOYER		WORK PHONE		EMAIL		
DEPENDENTS/CHILDREN						
FIRST NAME	MI	LAST NAME	RELATIONSHIP	GENDER	BIRTHDATE	AGE
FIRST NAME	MI	LAST NAME	RELATIONSHIP	GENDER	BIRTHDATE	AGE
FIRST NAME	MI	LAST NAME	RELATIONSHIP	GENDER	BIRTHDATE	AGE
FIRST NAME	MI	LAST NAME	RELATIONSHIP	GENDER	BIRTHDATE	AGE
FIRST NAME	MI	LAST NAME	RELATIONSHIP	GENDER	BIRTHDATE	AGE

Waiver

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA and 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 YMCA and Trinity Health System and its officers, agents employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others 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 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 YMCA or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA as written in the YMCA Membership Handbook.

Photo Release

I agree that my consent and this release are irrevocable. I hereby release and discharge The East Liverpool Area Family YMCA, YMCA of the USA, Trinity Health System and third parties collaborating with the East Liverpool Area Family YMCA and/or YMCA of the USA and/or Trinity Health System from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience with the East Liverpool Area Family YMCA as described herein.

Membership Agreement

If my membership dues are paid through Credit Card Draft or Electronic Funds Transfer, I understand this is a continuous membership plan. While the Y does not require long term membership agreements, we do require at least 1 full month draft payment to be made per membership. This membership will remain in effect for as long as I retain the membership card issued to me. Membership cards are the property of the YMCA and must be surrendered upon demand.

All membership rates are subject to change with 30 days written notice. I understand that it is my responsibility to notify the YMCA of any change in address, bank account information (if utilizing bank draft for payment of dues) or credit card information / expiration date (if utilizing credit card for payment of dues).

The Joiners Fee is a one-time fee (spread over 12 months) as long as you remain an active member of the YMCA. If you choose to cancel or discontinue your membership for more than 30 days, a Joiners Fee will be charged when you reapply for membership.

The Y is not responsible for any account discrepancies that are not brought to our attention within 90 days.

I acknowledge the waiver and membership agreement set forth above, and being in sympathy with the Mission Statement of the East Liverpool Area YMCA, hereby apply for membership.

****PLEASE NOTE THAT THERE WILL BE A \$30 CHARGE FOR ANY EFT or Credit Card Returns****

It is my complete understanding that if I wish to terminate or change my membership in any way, I will need to fill out a cancellation form at the front desk or give the YMCA written notice. Either one will need to be done two (2) weeks prior to my draft date.

Signature _____ Date ____/____/____

NOTE: PARENT OR GUARDIAN MUST SIGN IF APPLICANT IS UNDER 18 YEARS OF AGE