



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

YMCA OF GREATER SEATTLE
Membership Change Form

PRIMARY MEMBER (Please Print Legibly)

Legal First Name	MI	Legal Last Name	Date of Birth
Current Address			Phone Number

CHANGE REQUESTED:

<input type="checkbox"/> Membership Type Complete Section A	<input type="checkbox"/> Draft Date Complete Section B	<input type="checkbox"/> Return From Leave Complete Section C
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I hereby request that my membership in the YMCA of Greater Seattle be changed as indicated above. I understand that **I must give 14 days notice prior to my membership draw date in order to make any changes to my automatic withdrawal.** I understand that there may be fees incurred by the change requested in this form and agree to pay said fees. If I do not pay by automatic payment, I agree to pay the full cost of the requested change at this time.

Signature: _____ Date: _____

CHANGE MEMBERSHIP TYPE

Please indicate how you'd like to change your membership: Upgrade Membership Downgrade Membership Add Additional Adults

The YMCA defines Family Memberships as two adults with dependent children living in a single household and Single Parent Family Memberships as one adult with dependent children living in a single household. If more than two adults live in a household, additional adults can be added to a couple or family membership for an additional \$27 per person per month. This fee will be added to your automatic payment. **All adults must sign the Conditions of Membership and the YMCA Liability Waiver located on the back of this form.**

Please ADD or REMOVE the following people from my YMCA membership:

A	Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Gender	Ethnicity
	Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Gender	Ethnicity
	Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Gender	Ethnicity
	Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Gender	Ethnicity
	Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Gender	Ethnicity
	Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Gender	Ethnicity

CHANGE DRAFT DATE

B This incurs a charge at the time of the request for the half-month not covered during the transition. Membership dues will be charged on the date below. In the event that the date below falls on a weekend or a holiday, membership dues will be charged on the first available business day.

Change Draft date to the: 1st of the month 15th of the month

EARLY RETURN FROM LEAVE OF ABSENCE (must meet minimum Leave of Absence requirement)

C Prorated monthly membership fees may need to be paid up until the first draft date when returning early from a leave of absence.

Leave of Absence Begin Date	Effective First Draft
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OFFICE USE ONLY:	Date Received	Effective Date of Changes	Prorated Fees	Staff Initials	Staff Review
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CONDITIONS OF MEMBERSHIP

Member Health: The applicant(s) represents that he/she is in physically sound condition and understands that participation in aerobics and other exercise, weight training, recreational sports, and use of pools, spas, saunas, steam rooms and fitness equipment carry a potential risk of injuries or illness. The applicant further understands that the YMCA of Greater Seattle assumes no responsibility for any such injury or illness.

Member conduct and right to use the facility: Applicant agrees to abide by all policies and procedures of the YMCA of Greater Seattle and its branches and understands that failure to act in accordance with these rules may result in expulsion from the YMCA and revocation of the membership.

Criminal History: The applicant acknowledges that it is the policy of the YMCA of Greater Seattle to deny membership to any individual convicted of a sexual offense and that the YMCA will periodically check its membership records for criminal history.

Property Loss: The applicant understands that the YMCA of Greater Seattle is not responsible for personal property lost, damaged or stolen while using YMCA facilities or participating in YMCA programs.

Photograph Permission: The applicant hereby gives permission for the YMCA (local, national and international) to use, without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret YMCA programs.

Cell Phone/ Video Taping: Due to the advances in video equipment and telephone video technology, and for the safety and security of our members and guests, any and all video equipment may not be used in locker rooms, dressing areas, shower areas, restrooms, or other areas generally deemed to be "private" within YMCA facilities. The YMCA of Greater Seattle requests that cell phone usage be reserved for lobby areas only.

Insurance: The applicant understands that the YMCA of Greater Seattle does not provide any accident or health insurance for its members or participants and further understands it is the applicant's responsibility to provide such coverage.

Second Adult

Date

Third Adult

Date

Fourth Adult

Date

Fifth Adult

Date

LIABILITY WAIVER

In consideration of being permitted to utilize the facilities, services and programs of the YMCA of Greater Seattle ("YMCA") for any purpose including, but not limited to, observation or use of facilities and equipment and participation in any program affiliated with the YMCA without respect to location, I, on behalf of myself and any children, dependents or personal representatives, hereby:

1. Acknowledge that I have (a) read this release and waiver of liability; (b) had the opportunity to inspect the YMCA's facilities and equipment or will immediately upon entering or participating will inspect and carefully consider such premises, facilities or program; (c) accept the facilities, equipment and program as being safe and reasonably suited for the purposes intended and (d) voluntarily sign this release and waiver of liability.
2. Release the YMCA, its directors, officers, employees, agents and volunteers (collectively "YMCA Releases") from all liability to me for any loss or damage to property or injury or death to person, whether caused by the ordinary negligence of the YMCA Releases or any other person, and while I am in, upon or about any YMCA branch or any facilities or equipment therein or participating in any program or service affiliated with the YMCA.
3. Agree not to sue the YMCA Releases for any loss, liability, damage, injury or death described above and I agree to indemnify and hold harmless the YMCA Releases and each of them from any loss, damage or cost they may incur due to my presence in, upon or about any YMCA branch or any facilities or equipment therein or my participation in any program or service affiliated with the YMCA whether caused by the ordinary negligence of the YMCA Releases or by any other person. I assume full responsibility for the risk of such loss, liability, damage, injury or death.

I intend for this release and waiver of liability to be as broad and inclusive as is permitted by the laws of the State of Washington. If any portion hereof is held invalid, I agree that the balance shall continue in full force and effect.

Second Adult

Date

Third Adult

Date

Fourth Adult

Date

Fifth Adult

Date