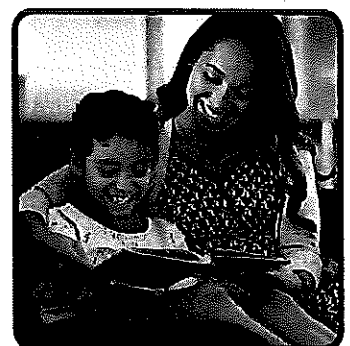
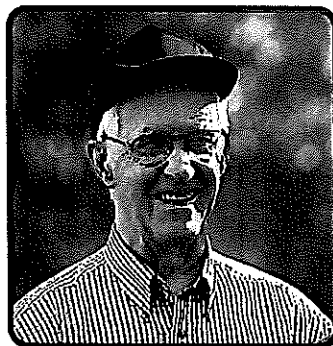


Membership Application



**We build strong kids, strong families,
strong communities.**

TWIN RIVERS YMCA
Serving Craven County and surrounding areas

Our Mission: To put Christian principles into practice through programs that build a healthy spirit, mind and body for all.



TWIN RIVERS YMCA

Serving Craven County and surrounding areas

____ W ____ E ____ R
 ____ Emp. Signature

1ST ADULT	*Date	Title	*First Name	M	*Last Name																																																																																																				
HOME	*Mailing Address				The YMCA is committed to serving people of all ages, races, religions, and economic levels. By answering these questions, you will help us meet this goal. The information is confidential and will not be used for any other purpose. PLEASE CHECK AREAS OF INTEREST: <table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:center;">Self</td> <td style="text-align:center;">Spouse</td> <td style="text-align:center;">Dependents</td> <td style="text-align:center;">Volunteer</td> </tr> <tr> <td>Swim Lessons</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Swim Team</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Personal Training</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td 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Financial Aid is available for those who qualify.



TWIN RIVERS YMCA

AQUATICS SAFETY AGREEMENT

Lap Swim

When two swimmers are sharing one lane, they may split the lane in half, one swimmer staying to the right and the other to the left.

For three or more, swimmers will need to circle swim, going counterclockwise. Please check with a lifeguard so that they can choose compatible swimmers for you to share with.

Please be courteous and cautious of other swimmers.

Family Recreational Swim (Open Swim)

All swimmers under the age of 12 must pass the swim test to use all areas of the pool. **Supervising adults must be in the water, actively watching all children (under 12) who have not passed the swim test and are not wearing a Coast Guard-approved (PFD).**

Children 12 and up may swim without an adult, however, their pool area usage may be restricted at the discretion of the lifeguards and Aquatics staff. All other children must have an adult (18+) on the pool deck at all times.

We do not allow water wings or blow-up flotation devices. Coast Guard-approved PFDs may be brought in for use.

Children who wear a Coast Guard-approved PFD do not need to take a swim test but they do need an adult actively watching them and will be in a restricted swim area.

Swim Test

All children under the age of 12 years are required to pass the swim test to use the slide and the deeper end of the pool.

The swim test consists of a 25-yard swim using proper technique with "big" arm action demonstrating breathing control and rhythmic breathing. Children will then exit the water, jump back in, and immediately begin treading water. After 30 seconds of treading water, the child will swim on their back to the edge of the pool.

Swim tests will be given during Adult Swim at 10 minutes to the hour. The lifeguard has the authority to revoke the swim ban if he/she feels the swimmer's skills are questionable. For more information about swim tests, visit trymca.org or speak to an Aquatics Staff member.

Yellow Swim Bands

Once your child passes the Swim Test, they will be given a TRY wristband to wear on their wrist. A yellow swim band may be purchased at the Service Desk for **\$3.00**. The child **must have their TRY wristband on their wrist** to be able to purchase a swim band.

Children are required to wear their swim wristbands each time they enter the pool. If they forget their band, they must retake the swim test to receive a TRY wristband for that day.

Pool Rules

1. Aquatic safety is EVERYONE's responsibility: If you see something, say something.
2. **Supervising adults must be in the water, actively watching all children (under 12) who have not passed the swim test and are not wearing a Coast Guard-approved (PFD)..**
3. Coast Guard-approved PFDs may be used.
4. No outside toys are allowed.
5. Proper swim attire is required. * This does not include street clothing (i.e.: jeans, frayed clothing, shoes, sweatshirts, etc.)
6. Children who are not potty-trained are required to wear swim diapers or rubber pants.
7. Shower before entering the pool.
8. **Walk at all times.**
9. Swimming is allowed only when a lifeguard is on duty.
10. Lifeguards are here for everyone's safety. Always follow lifeguard directions.
11. Children under the age of 12 years are not permitted in the pool area without a supervising adult.
12. Kickboards, water weights, and swim belts are for laps and adult use only.
13. Underwater lap swimming and breath-holding contests are prohibited.
14. For your safety please refrain from playing or swinging on the pool ladder, lane lines, ropes, or the pool stair handrails.
15. Diving, pushing, dunking, throwing, horseplay, splashing, and riding on shoulders are not permitted.
16. Keep all drinks away from the pool, glass is not permitted on the pool deck.
17. No chewing gum in the pool area.

18. Lap swimmers must circle swim when there are more than two lap swimmers in the lap lane. Lap lanes are not used for free-swim.

19. Profanity, arguing, or abusive language of any kind will not be tolerated.

20. No person under the influence of alcohol or drugs is allowed to use the pool.

21. At the sound of thunder, the pools and decks will close immediately, and all activities will remain suspended for 30 minutes after the last thunder heard, as prescribed by the National Lightning Safety Institute.

*****If you have a question about whether your attire is appropriate, please see the Aquatic Staff before entering the water. Please keep in mind that the YMCA is a family-friendly facility, and outfits should be modest in nature.**

By signing below, you acknowledge that

You have read and will abide by

The Aquatics Safety Rules.

Name: _____

Signature: _____ **Date:** _____

ATTACH VOIDED CHECK HERE

Participant Release & Waiver of Liability and Indemnity Agreement

PLEASE READ CAREFULLY. THIS DOCUMENT EFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING EASTERN CAROLINA YMCA, INC. FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE

Assumption of Risk

I acknowledge and agree that any use of Eastern Carolina YMCA, Inc. facilities, services, equipment and premises ("Facilities") and any participation in Eastern Carolina YMCA, Inc. programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs I, the undersigned, agree that Eastern Carolina YMCA, Inc., its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

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 the membership, end program participation, and remove visitation access.

Photo Release

I give my permission to the YMCA to use without limitation or obligation, photographs, film footage, or tape recordings which may include my or my children's image or voice for the purposes of promotion or interpreting YMCA programs.

Membership Agreement

If my membership dues are paid through Electronic Funds Transfer, I understand this is a continuous membership plan. This membership will remain in effect for as long as I retain the membership card issued to me. Membership cards and privileges are not transferable to other individuals. Membership cards are the property of the YMCA and must be surrendered upon demand.

It is my complete understanding that if I wish to terminate or change my membership in any way, a cancellation or change form must be signed at the Service Desk 30 days prior to the draft date. Alternatively, an email, including your name, address and phone number on file, may be sent to membership@trymca.org 30 days prior to the draft date.

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

The Joining Fee is a non-refundable fee. If you choose to cancel or discontinue your membership for more than 60 days, a Joiners Fee will be charged when you reapply for membership.

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

*Required fields

*Signature: _____ *Date: _____ Signature: _____ Date: _____

Note: Parent or guardian must sign if applicant is under 18 years of age.

Electronic Funds Transfer (EFT)

I authorize my bank to honor preauthorized Electronic Funds Transfers against my account for (membership/program/contribution) payments as indicated below. When the bank honors the EFT by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

I choose to utilize the EFT option for monthly payment (direct debit from my checking account).

Bank Name: _____

Name on Account: _____

Routing Number: _____

Account Number: _____

Authorized Signature: _____ Date: _____

Credit Card (VISA/MasterCard ONLY)

I authorize my credit card company to honor preauthorized Electronic Funds Transfers against my account for (membership/program/contribution) payments as indicated below. When the credit card company honors the draft by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized draft not be honored by said credit card company when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the credit card company, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

I choose to utilize the credit card draft option for monthly payment.

Name on Card: _____

Card Number: _____ - _____ - _____

Expiration Date: ____/____/____

VISA MasterCard

Authorized Signature: _____ Date: _____

All returned bank drafts will be charged a \$30.00 return fee.

