**PRINT Member Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YWCA Central Carolinas

**Change in Status Form**

 **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Old** Membership Type: □ Promotion Expired □ Membership Expired □ Gift Certificate
 □ Full Time Student □ Young Adult □ Individual □ Temp. Suspended

 □ One Adult & Children □ Family □ Senior □ Senior Couple

**UPDATES: \*Please check appropriate box(es) below**

**□ Rejoining □ Updating Membership Type □ Adding/Removing Members** *(turn over the form)*

|  |  |  |
| --- | --- | --- |
| **Membership Types & Fees** | **Monthly Draft** | **Annual Membership** |
| Full Time Student (please show student ID) | □ $48 | □ $480 |
| Young Adult (ages 18 - 29) | □ $48 | □ $480 |
| Individual Adult (ages 30 – 62) | □ $60 | □ $600 |
| One Adult & Children (children under the age of 21) | □ $70 | □ $700 |
| Family (Individuals living in the same household) | □ $80 | □ $800 |
| Senior (ages 63+) | □ $48 | □ $480 |
| Senior Couple (ages 63+) | □ $65 | □ $650 |

**Please note:** The annual paid-in-full membership expires one year from the change date. The annual membership may not be refunded prior to the expiration date except in cases of illness or relocation. \*Members are responsible to make sure all payment information is up-to-date in our system. Each member receives one grace period and then a $25 processing fee is applied. Cancellations require 10-business day notice via completion of a Cancellation Form in addition to a $15 administration fee which will be processed within 5 business days. Family memberships include all persons living in the same household. Paid in Full Memberships are non-refundable excluding instances of relocation or illness. A doctor’s note is required. **Member Children** (ages 12-16yrs) MUST attend a Fitness Orientation in order to utilize the gym without a guardian. Otherwise, for safety reasons, children are not allowed in the fitness rooms. Children should never be unaccompanied.

**Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

***\*If applicable, please make additional selections on the other side of this form***

***(ie: adding/removing members, changing personal information).***

**FD Team Only:**

□ Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Date: \_\_\_\_\_\_\_\_\_
□ Entered on Membership Tracking Log

**Director of Fitness:**

□ Entered in Excel Date: \_\_\_\_\_\_\_\_\_

□ Email sent to member - Date:\_\_\_\_\_

**Change of Personal Information: (if applicable or additional member information)**

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

New Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*\*New billing information must be shared in person at the front desk.*

**Adding/Removing Members:**

\* Please check appropriate box below
\* Added individuals must sign the waiver on the reverse of this document acknowledging gym policies.

\* New members must have their photo taken at the front desk.

□ Mbr Added □ Mbr Removed**: Name 1**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_Age:\_\_\_ Keycard:\_\_\_\_\_\_\_\_\_\_\_

□ Mbr Added □ Mbr Removed **: Name 2**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_Age:\_\_\_ Keycard:\_\_\_\_\_\_\_\_\_\_\_

□ Mbr Added □ Mbr Removed **: Name 3**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_Age:\_\_\_ Keycard:\_\_\_\_\_\_\_\_\_\_\_

**Individuals being added to the membership must sign below acknowledging the waiver:**

A photo must be taken at the front desk for the fitness software in order to verify my keycard check-ins. The YWCA may use participation photographs or videos taken of me or my family for marketing and advertising purposes. It is understood by the undersigned that there are certain risks inherent in the activities conducted at the YWCA Central Carolinas, which I agree to assume on behalf of myself and/or family members.  To the extent allowed by applicable law I agree to hold the YWCA, its agents and employees, harmless from any claim on behalf of myself and/or my family members arising out of any loss, injury, or death attributed to such risks. All participants in the physical fitness programs of the YWCA Central Carolinas are hereby informed that these programs involve strenuous activities. It is the obligation of all participants in such programs to advise the staff if they suffer from fatigue, shortness of breath, chest discomfort, pain or any similar occurrence which may jeopardize their health. By participating in any of the physical fitness programs of the YWCA, each participant acknowledges and consents to the duty described above. Participants are encouraged to ask the staff questions about the physical fitness programs and to follow the directions of the instructors and coaches with care.

YWCA Central Carolinas is committed to providing a safe and welcoming environment to all members and participants. I agree to adhere to the regulations outlined below.

• Each person will respect the rights, dignity and cultures of others.

• Individuals will be considerate of the safety and comfort of others and be responsible for their own behavior.

• YWCA Central Carolinas has ZERO TOLERANCE for any acts of violence or intimidation.

• No member will be disrespectful of others through the use of vulgar language, swearing, name calling or shouting.

• No member will harass or intimidate by words, gestures, body movement or menacing behavior.

• No member will be in possession of any item that can be used as a weapon or as a threat to others.

• No member will use YWCA facility while under the influence of illegal drugs or alcohol.

• Appropriate exercise attire is required, including closed-toe sneakers and appropriate body covering.

The YWCA reserves the right to take necessary disciplinary action including membership revocation if these rules/regulations are not followed.

I hereby give permission for the YWCA staff to secure medical treatment for myself or my family in the event of an emergency.  I also authorize the physician or medical personnel selected to provide treatment deemed necessary by them.

**Member Children** (ages 13 - 17yrs) MUST attend a Fitness Orientation in order to utilize the gym without a guardian. Otherwise, for safety reasons, children are not allowed in the fitness rooms.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_