

# YMCA of Cass and Clay Counties

## Membership Application

### Primary Member Information

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial

Date of Birth \_\_\_\_\_ Gender  Male  Female

Referred by: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Office Use Only** Referred Member's ID #: \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                                      State                                      ZIP Code

\_\_\_\_\_  
Primary Phone Number                      Secondary Phone Number

\_\_\_\_\_  
Parent/Guardian Name *(If primary member is under 18 years)* Phone Number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Employer/School City State

Has anyone included on this membership application been on a registered sex offender list?  Yes  No

Do you have health insurance?  Yes, Self  Yes, Family  No

Insurance Provider: \_\_\_\_\_

### Emergency Contact

\_\_\_\_\_  
Name    Phone Number

### Family Members

#### Spouse / 2nd Adult

\_\_\_\_\_  
First Name              Last Name              Date of Birth              Gender

\_\_\_\_\_  
Employer/School                      City                      State

\_\_\_\_\_  
Emergency Contact                      Phone Number

### Children / Dependents

\_\_\_\_\_  
First Name                      Last Name                      Date of Birth              Gender

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Member ID: \_\_\_\_\_

### Membership Type

- Student/Youth (Ages 8-24)
- Single (Ages 25-64)
- Senior (Ages 65+)
- Family/Household
- Family/Household Package

### Payment Method

- Monthly Bank Draft with Void Check
- Monthly Draft with Credit or Debit Card \* \$3.00 service fee monthly
- Annual Pay

### Locker Rental

- Fercho  Schlossman
- Male  Female
- Kit (Fercho only)  Half

### How did you hear about us?

- Friend / Family  Brochure/Mailing
- Radio  Television
- Website / Online  Drove By /Marquee
- Employer  Social Media
- Special / Coupon  Email
- Direct Mailing  Member Referral
- Newspaper / Newsletter
- Other, please specify: \_\_\_\_\_

### Areas of Interest

- Personal Training  InBody
- Swim Lessons  Swim Team
- Camp  Weight Loss
- Youth Sports  Climbing Wall
- Youth Enrichment  Massage
- Active Older Adult Programs
- Playstation (Child Watch)
- Child Care ( Full Day)

*The following information is used to help us secure grant funding and better serve our members. All answers are confidential.*

### Financial Assistance

The YMCA offers income-based financial assistance to individuals with a proven inability to pay the cost of services. Would you like to be considered for this program?  
 Yes  No

### Annual Household Income

- \$0-\$14,999
- \$15,000-29,999
- \$30,000-49,999
- \$50,000-74,999
- \$75,000+

### Race

- White/Caucasian  Other
- Native American  Asian/Pacific
- African American Islander
- Hispanic/Latino

# YMCA of Cass and Clay Counties - Membership Guidelines & Waivers

I/We are applying for membership to the YMCA of Cass and Clay Counties and agree to cooperate with its members in carrying on the work and mission of the YMCA within the following guidelines:

It is my/our responsibility to conduct my/our personal affairs in a manner that affirms the mission of the YMCA.

In consideration of my participation in the activities of the YMCA of Cass and Clay Counties, I do, for myself, my heirs, executors and administrators, waive any and all claims for damages for any injury to myself which may have been sustained arising out of or connected with such participation and I release and discharge the YMCA of Cass and Clay Counties, its members, officers, employees, or agents from any and all liability whatsoever arising out of or connected with such participation.

The YMCA reserves the right, but assumes no obligation, to conduct background checks on all applicants for membership. I do hereby declare myself to be physically sound having medical approval to participate in the activities of the YMCA of Cass and Clay Counties.

## Code of Conduct:

The YMCA of Cass and Clay Counties is committed to providing a safe and welcoming environment for all members and guests. Conduct that does not support the YMCA mission or core values of caring, honesty, respect, responsibility and health is not acceptable. **Violation of these guidelines may result in suspension or revocation of membership.**

## Photo/Video Release:

For my participation in activities to be conducted by the YMCA of Cass and Clay Counties, I hereby give my permission and consent, now and for all time, to the YMCA of Cass and Clay Counties, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with the YMCA of Cass and Clay Counties and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me/members on my account and/or my narrative account of my experience at the YMCA of Cass and Clay Counties, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

## Membership Payments and Cancellation Policy:

**Membership Payments Policy:** I understand that the YMCA's preferred method of bank draft is through a checking account. However, if I choose to pay using a credit or debit card I understand there is an additional \$3.00 service fee on my membership draft each month. If I chose to pay my membership in full for the year, I understand that my payment is not refundable.

**Membership Cancellation Policy:** To cancel a membership, written notice is required.

If your draft date is:	To avoid being drafted again, you must cancel by:
1 <sup>st</sup> of each month	15 <sup>th</sup> of prior month
15 <sup>th</sup> of each month	Last day of prior month

### ( ) 1 Year Full Pay Membership Agreement

I understand that my membership is non-refundable. If I chose to drop my membership, my options are as follows:  
-Transfer my membership to another Y (minimum of 3 months remaining on membership)  
-Transfer my membership to another person. (I am responsible for collecting payment).  
-Consider the balance of my membership as a charitable donation.

### ( ) Bank Draft Authorization through Checking Account or Savings Account

**By signing below I have given authority to honor preauthorized checks drawn by you on my account for membership payments monthly.**

### ( ) Credit Card Draft Authorization \*Note \$3.00 Service fee monthly

- I understand that this agreement is continuous until I give proper notice of any changes or termination.
- It is my complete understanding that if I wish to terminate or change my membership in any way, I must give the YMCA written notice in advance of the deduction. (If your draft date is the 1<sup>st</sup> of the month the last day to turn in a change, cancel, or hold is the 15<sup>th</sup> of the month prior. If your draft date is the 15<sup>th</sup> of the month the last day to turn in a change, cancel, or hold is the last day of the month prior.)
- The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I understand that I will receive notice prior to any such change.
- Should any membership draft not be honored by my bank for any reason, I realize that I am still responsible for that payment plus any service fee applied by the YMCA. This is in addition to any service fee my bank may apply.
- I am aware of the fact that it is my responsibility to check my bank statement on a regular basis to make sure the YMCA membership rate withdrawal is correct. The YMCA of Cass and Clay Counties will accept a maximum of three months of responsibility if the YMCA is in error.
- It is my responsibility to update any changes to my credit card or checking account used for my membership.

Credit Card Expire Date: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

Primary Member Name (Please Print)

Primary Member Signature (or Parent/Legal Guardian signature if primary member is under 18 years)

Date