



Application for YMCA Membership

YMCA: Alleghany Highlands YMCA Join Date: _____ MANUAL PAYMENT: Annual Bi-Annual Quarterly
 DRAFT: Monthly

Type of Membership: Family Couple/Single Parent Family Adult Individual Youth Senior Senior couple

Were you given a tour/interview of the YMCA? Yes No If yes, Date: _____ By whom: _____

(01) Primary First Name _____ MI _____ Last _____ M F

(02) Spouse First Name _____ MI _____ Last _____ M F

Address _____ Birth Date ____ / ____ / ____

City _____ State _____ Zip Code _____ - _____

Home Phone _____ Work Phone _____ Cell Phone _____

Spouse: Birth date: _____ Work Phone _____ Cell Phone _____

E-mail Address _____

Your Occupation _____ Employer _____

Spouse Occupation _____ Employer _____

Emergency Contact #1 _____ Relationship _____ Phone _____

Emergency Contact #2 _____ Relationship _____ Phone _____

Family Membership Information (List Last Name if Different)

#	Dependent/Children's Names	M/F	Birth Date	Relationship	School	Grade
03						
04						
05						
06						
07						

To help us serve you better, please fill out the following information. This information is kept confidential.

How did you hear about the Y? Newspaper TV Radio YMCA Brochure Member Corporate Word of Mouth

Medical Referral Internet Who can we thank for the referral? _____

What are you looking to do most at the Y? _____

What statement best describes you? Exercise regularly Considering starting to exercise for the first time
 Have previously exercised and am considering starting again
 Not currently interested in exercising. Joining for another reason

Income Level of Household: Under \$30,000 \$30,001 to \$50,000 \$50,001 to \$70,000 \$70,001 +
 Ethnicity: Asian African-American Hispanic Latino Caucasian Other:

The YMCA is a volunteer-driven organization. We utilize volunteers in programs like YMCA Youth Super Sports, special events like YMCA Healthy Kids Day, and facility projects like Annual Spring Clean-up. We can certainly use your help.

Would you like a staff member to contact you regarding volunteer opportunities at this time? Yes No

If yes, what special skills do you have? What area are you interested in?

(e.g. carpenter, coaching, plumber, youth sports, wellness, child care)

RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

In consideration of being permitted to utilize the facilities, services and programs of the Allegheny Highlands YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs and next of kin, hereby acknowledges, and agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

In further consideration of being permitted to enter the YMCA for any purpose including but not limited to observation or use of facilities or equipment or participation in any off-site program affiliated with the YMCA, the undersigned hereby agrees to the following:

1. **The undersigned on his or her behalf and behalf of such children, hereby releases, waives, discharges and covenants not to sue the YMCA**, its directors, officers, employees and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. **The undersigned hereby agrees to indemnify and save and hold harmless** the releasees and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.
3. **The undersigned hereby assumes full responsibility for and risk of bodily injury, death or property** damage to the undersigned or such children due to negligence of releasees, or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

The undersigned further expressly agrees that foregoing **release waiver and indemnity agreement** is intended to be as broad and inclusive as is permitted by the law of the State of Virginia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made.

I have read the release.

Applicant/Parent/Guardian Signature: _____ Date _____

Employee Signature: _____ Date _____

Verification and Authorization

In accordance with the character values of respect, responsibility, honesty and caring I/We verify that the information provided on this application is accurate. This includes, but is not limited to, the selection of membership category and covered individuals. I/We further agree to adhere to the rules of the YMCA. If these rules are not followed, I/We agree that the YMCA reserves the right to take necessary disciplinary action, including temporary or permanent suspension of membership and total ban from admittance to use the facility and/or YMCA programs.

By submitting this application, I/We agree that the YMCA may photograph or videotape me/us, and the YMCA may use those photographs or video footage for its marketing purposes.

Primary Customer Signature: _____ Date: _____

Payment Policies and Authorizations

There is a non-refundable joiner fee that must be paid at the time of enrollment. Fees will be collected through two options, monthly bank draft or manual payment. You must select one option at the time of enrollment. Membership is considered active and will require a 30-day written notice should you choose to cancel your membership.

Monthly Bank Draft: The monthly fee will be drafted one time a month. The draft date will be assigned based on the date of enrollment. Bank draft application must be completed at the time of enrollment. At no time does the YMCA have access to your personal bank account or other information. An entry on your monthly bank statement serves as your record of payment.

Manual Payment: If you prefer not to use the convenience of the bank draft, you may pay manually by quarter, twice a year or for the entire year. The YMCA does not accept manual payments on a monthly basis or special payment plans for this option. The YMCA will send an invoice 30 days prior to the due date to the mailing address listed on the application.

Non-Payment: Non-payment could result in service fees added to your account and suspension of your membership until all fees are paid. To avoid these fees please make sure that the YMCA has current bank draft information on file. If your account is turned over to collections for non-payment, there will be a 30% late fee added on to your account. Any payment returned for any reason will result in appropriate late fees, plus a YMCA service fee of \$20 per incident.

Credits: No credit will be given for any family without the written approval from the CEO. Membership fees are a monthly fee and are not based on usage.

Cancellation: Membership will remain active until you provide a 30-day written notice. If you do not provide a 30 day notice, you will be responsible for payment in full.

Fee Changes: The YMCA Board of Directors, at their discretion, may adjust the monthly rate applicable to your category of membership. The YMCA will provide at least 4 weeks notice prior to making any such change. A yearly increase usually occurs in the beginning of the calendar year.

Membership Cards: Membership cards are the property of the Allegheny Highlands YMCA and must be returned at request of the Allegheny Highlands YMCA and/or at the time of cancellation.

I _____ hereby make assignment of all membership fees to the Allegheny Highlands YMCA. I also make authorization for the same release any personal information necessary to execute collection of payments due to the YMCA. I understand that I am personally responsible for all charges to my account, regardless of any reason unless approved and signed by Professional Directors of the Allegheny Highlands YMCA. I guarantee payment in full to the Allegheny Highlands YMCA for all charges made for membership. I understand that should my account be placed for collection, I will be responsible for all costs including, court cost, collection fees and attorney fees.

Signature of Person Responsible for Payment: _____ Date _____

YMCA Staff Witness: _____ Date _____

Membership Handbook

I acknowledge that I have received a copy of the Membership Handbook from the Allegheny Highlands YMCA. I understand that this handbook outlines my privileges and obligations as a member of the YMCA. I will familiarize myself with the information herein, which describes the policies of the YMCA.

Signature: _____ Date _____

Code of Conduct (Please refer to Membership Handbook for complete list)

- With membership comes the responsibility to act in accordance with the values that make the YMCA a place everyone can enjoy: caring honesty, respect and responsibility.
- Pre-participation medical check up and an annual medical evaluation by your physician is strongly recommended for participation in any YMCA physical fitness activity.
- Fighting, use of abusive language, disrespect for property rights of the YMCA or others, conduct or actions of a sexual nature, derogatory or unwelcome comments based on individual's sex, race, ethnicity, age, religion, marital status, citizenship, disability, sexual orientation or any legally protected status are examples of conduct that will not be tolerated.
- Using or possessing illegal chemicals or alcohol on YMCA property is prohibited.
- The YMCA is a family-oriented facility; appropriate attire must be worn at all times and in all areas of the facility. Only rubber-soled athletic shoes should be worn on the gym floor and on the walking track.
- The YMCA is not responsible for any theft or damage to your property. We encourage you to protect your property and secure it in a locker. Do not leave valuables in a locked car or where visible.
- Cell phone usage is not allowed in locker rooms or bathrooms.
- Must present your Membership card every time you enter. You are not allowed to share your membership card with others.
- Only YMCA staff members shall provide personal training within the YMCA facility. Personal trainers not employed with the YMCA are strictly prohibited from training or conducting business in a YMCA facility.
- Children under the age of 12 must be supervised by an adult at all times. Specific areas have additional age restrictions. Please refer to the handbook for details.
- Harassment, violent behavior or threat of such behaviors against a staff member or other member may result in suspension or termination of membership.
- Members are responsible for the conduct of their guests. It is your responsibility to ensure your guest understands the code of conduct while at the YMCA.

I have read the Code of Conduct and agree to follow them. I understand that I am responsible to review the complete list in the Membership handbook and adhere to standards.

Signature: _____ Date _____

OFFICE USE ONLY

Member Name: _____ Member Number: _____

Membership Category: _____ Monthly Fee: \$ _____

Joiner Fee Paid: \$ _____ Prorate: _____ Financial Assistance: _____

Adjusted Fee: _____

Payment Method

- Monthly Draft
- Quarterly
- Bi-Annual
- Annual

Date of Draft: _____
Amount Paid: _____
Amount Paid: _____
Amount Paid: _____

NOTE: Quarterly, Bi-Annual, Annual method must be paid in FULL at the time of enrollment.

of Membership Cards Distributed: _____ Date Card(s) Made: _____

Member Communication

- Received Membership Handbook
- Thank you card sent
- Scheduled Fitness Appointment

Notes:

Staff Person Responsible: _____ Date: _____