



# OAHE FAMILY YMCA MEMBERSHIP APPLICATION

MUST BE 18 TO COMPLETE

OFFICIAL USE ONLY

Member Type: \_\_\_\_\_

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

Amount Paid: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Select Membership:

Check one

☐ Youth (ages 0-13) ☐ Student (ages 14-18) ☐ College ☐ Adult ☐ Single Parent Family

☐ Family ☐ Senior (65+) ☐ Senior Couple

Payment option:

☐ Annual Pay ☐ Payroll ☐ Bank Account Draft ☐ Credit Card Draft ☐ Cash Monthly

Primary Adult: First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name (PRINT CLEARLY) \_\_\_\_\_

Primary Adult: Gender: Male Female D.O.B \_\_\_\_\_

Adult #2 First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name (PRINT CLEARLY) \_\_\_\_\_

Adult #2 Gender: Male Female D.O.B \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Adult #1 Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Adult #2 Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

DEPENDENT / CHILDREN'S NAMES (FIRST,MIDDLE,LAST)	GENDER	DATE OF BIRTH	RELATIONSHIP
		___ / ___ / ___	
		___ / ___ / ___	
		___ / ___ / ___	
		___ / ___ / ___	
		___ / ___ / ___	

Additionally, what areas are you interested in receiving emails or push notifications on (e.g. youth sports, special events)?

## ANNUAL CAMPAIGN

One hundred percent of the money donated to our Annual Campaign goes directly to help those who cannot afford Y programs in our community due to financial constraints. If you would like to help, please indicate your contribution to the campaign below:

\_\_\_\$10, \_\_\_\$25, \_\_\_\$50, \_\_\_\$100, \_\_\_Other \_\_\_\_\_ ( All contributions are tax-deductible to the extent of the law. )

## DEMOGRAPHIC INFORMATION

For the purposes of compiling demographic information on our membership, we ask you to complete the following information. Please note that providing this information, which will be kept confidential, is voluntary and not required for membership to the Y.

Adult #1 Ethnicity: \_\_\_Hispanic or Latino, \_\_\_ Black or African-American, \_\_\_ Native Hawaiian or Other Pacific Islander, \_\_\_ White, \_\_\_Asian, \_\_\_American Indian or Alaska Native, \_\_\_Two or More Races, \_\_\_Other: \_\_\_\_\_

Adult #2 Ethnicity: \_\_\_Hispanic or Latino, \_\_\_ Black or African-American, \_\_\_ Native Hawaiian or Other Pacific Islander, \_\_\_ White, \_\_\_Asian, \_\_\_American Indian or Alaska Native, \_\_\_Two or More Races, \_\_\_Other: \_\_\_\_\_

## MEMBERSHIP APPLICATION NOTICE

Please INITIAL to indicate you have received this written policy and agree to the terms. 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 membership, end program participation, and remove visitation access.

\*Member Initials \_\_\_\_\_ \*Member Initials \_\_\_\_\_

## **MEMBERSHIP AGREEMENT**

The Oahe Young Men's Christian Association (the Oahe Family YMCA, or the Y) offers opportunities to its members to use its facilities, services and programs, including off-site programs (together, Activities).

**1. Membership and Fees.** I understand that:

- Membership in the Y is a privilege and may be revoked for conduct unbecoming a member as stated in the rules of the Y or at the discretion of management.
- Membership dues are not refundable.

**2. Media Release.** I grant permission to the Y to create and use photographs, video footage, and electronic sound recordings (collectively, "Media") containing my voice and/or image on the Y website or in its publications, brochures, newsletters, magazines or other types of media now or hereafter known for illustration, art, promotion, advertising, or other purposes related to the Y.

**3. Representations.** In consideration of being permitted access to the Activities, I:

- acknowledge that there are risks and hazards that may arise from participation in Activities, including injury (serious and minor), loss of life, and/or loss of property;
- acknowledge that the Y is not legally responsible for my personal safety or the safety of my property while I am engaging in Activities;
  - a. represent that I am physically and psychologically ready to participate in the Activity; and
  - b. acknowledge that if I am injured while participating in an Activity, I cannot rely upon the medical training of any Y personnel or agents; and
  - c. agree to follow all safety procedures and instructions related to the Activity in which I engage (e.g., appropriate dress); and
- represent that I will be personally responsible for the costs of any and all medical care I may need for any illness or injury I incur while participating in any Activities or otherwise present on the Y premises.

**4. Assumption of Risk, Waiver of Liability and Release.** I knowingly and voluntarily assume all risks associated with engaging in the Activities and release the Y, its directors, officers, employees and agents, including the National Council of Young Men's Christian Associations of the United States of America and its independent member associations (collectively YMCA Parties) from any and all responsibility or liability for personal injury, emotional injury, death or property damage sustained by me during or because of such participation.

I agree, for myself, my administrators, personal representatives, executors, agents, heirs and assigns to release and hold harmless the YMCA Parties from any present or future claim for personal injury, emotional injury, death or property damage arising directly or indirectly from my presence on the premises or participation in Activities, to the fullest extent permitted under law, including allegations or claims of negligence on the part of the YMCA Parties; provided, however, this release does not apply to acts of gross negligence, willful or want on conduct, or intentional conduct.

I UNDERSTAND AND AGREE THAT BY SIGNING THIS FORM I WILL WAIVE AND FOREVER GIVEUP ANY AND ALL CLAIMS THAT I MAY HAVE, WHETHER KNOWN OR UNKNOWN, AND WHETHER ANTICIPATED OR UNANTICIPATED, AGAINST THE YMCA PARTIES ARISING OUT OF MY PARTICIPATION IN VOLUNTARY ACTIVITIES.

I understand that if I am on a monthly draft plan for membership, I must notify the YMCA via either phone call, in person or by filling out a cancellation form prior to the last day of the month to effect any changes for the following month.

I understand that the YMCA does not provide accident insurance and that any and all injuries incurred are my responsibility to provide payment for. I further understand that there is an inherent risk in all physical activities and that I assume such risk. In case of emergency, I consent to medical attention and/or emergency transportation.

**Nationwide Membership Waiver (REQUIRED):** By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

### **CHECK AS APPLICABLE:**

\_\_\_ I affirm that I am over the age of 18 and have the right to contract in my own name. I have read the above agreement, including the waiver and release, prior to its execution, and I fully understand the contents. This Membership Agreement shall be binding upon me and my heirs, legal representatives and assigns.

\_\_\_ I certify that I am the parent or guardian of a minor under the age of 18 (the Minor) who will participate in the Activities. I have read the above agreement, including the waiver and release, prior to its execution, and I fully understand the contents. This Membership agreement shall be binding upon the minor and the Minor's heirs, legal representative and assigns. The names of Minors for whom I am the parent or guardian are:

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

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

Name (Printed): \_\_\_\_\_

# Authorization Agreement

**\*Must complete & Sign\***

<p>I Understand that dues will be draft no sooner than the 1st and no later than the 15th of the month, and that this is a continuous membership plan and will remain in effect for as long as I retain the Oahe Family YMCA's membership cards issued to me.</p> <p><b>*Member's Initials</b> _____</p>	<p>The Oahe FAMILY YMCA board may, at its discretion, adjust the monthly rate applicable to my membership category. I understand that I will receive at least 2 weeks' notice prior to any such change in my membership fees.</p> <p><b>*Member Initials</b> _____</p>
<p>I understand that if I wish to terminate, I can do so by calling the YMCA, emailing the Membership Director or filling out a cancellation form.</p> <p>Also, if I need to change my membership in any way or cancel my membership, I understand I need to do this prior to the last day of the month.</p> <p><b>*Member Initials</b> _____</p>	<p>Should any membership deduction not be honored by my bank or credit card for any reason, I realize that I am still responsible for the payment. I understand that I am responsible for notifying the Oahe Family YMCA should I change my financial institution or credit card information.</p> <p><b>*Member Initials</b> _____</p>

## Authorization for Electronic Funds Transfer

### Terms & Conditions

**\*Must complete & Initial\***

<p>I hereby authorize the Oahe Family YMCA to initiate electronic fund entries to my account.</p> <p>Please select an account as indicated below, and I authorize the financial institution entered to debit my account.</p> <p>Checking Account: <input type="checkbox"/> Savings Account: <input type="checkbox"/></p>	<p>A Credit Card can be used for monthly payment. Please select your card type:</p> <p><b>OR</b></p> <p>Visa: <input type="checkbox"/> American Express: <input type="checkbox"/></p> <p>Mastercard: <input type="checkbox"/> Discover: <input type="checkbox"/></p>
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## PAYROLL AUTHORIZATION AGREEMENT

**\*Must complete & Sign if doing a payroll deduction\*\***

Ask for form when signing up at the front desk. Also available on our website. Signing this form will authorize a deduction of part or all of your payroll warrant until you ask us to stop the deduction. Please sign or type legibly

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

**Name (Printed):** \_\_\_\_\_

This authorization remains in effect until the Oahe Family YMCA has received **notification by completing an cancellation form, calling the front desk or emailing the Membership Director prior to the last day of the month** from me, indicating my desire to discontinue my membership.

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

**Name (Printed):** \_\_\_\_\_