



Membership #

WELCOME!

MEMBERSHIP APPLICATION Oahe Family YMCA

OFFICIAL USE ONLY

Membership Type:

Staff Initials: _____

Join Date: _____ Amount Paid: _____ Annual Pay Payroll Draft Other

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

Family Senior (65+) Senior Couple Corporate Military

To help us serve you better, please fill out the following information, which will be kept confidential.

Adult #1 First Name _____ MI _____ Last Name _____

Adult #1 Gender M F Date of Birth _____

Adult #2 First Name _____ MI _____ Last Name _____

Adult #2 Gender M F Date of Birth _____

Address _____

City _____ State / Zip _____

Home Phone _____ Cell / Work Phone _____

Email _____

Adult #1 Occupation _____ Employer _____

Adult #2 Occupation _____ Employer _____

Emergency Contact _____ Relationship _____ Phone _____

	Dependent / Children's Names	M/F	Birth Date	Relationship
03				
04				
05				
06				
07				
08				
09				

How did you hear about the Y? Internet Newspaper TV/Radio Walk-In Y Publication Y Member Other: _____

Why did you join the Y? _____

The Y is a volunteer-driven organization. We utilize volunteers in programs such as youth sports, special events and facility projects. With that being said, we can use your help and would like to know whether or not a staff member may contact you about volunteering?
 Yes No

If yes, what special skills do you have(e.g. carpentry, coaching, plumbing)? _____

Additionally, what areas are you interested in (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.

_____ 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.

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. If I wish to terminate my membership for any reason, I must give the Y written notice at least 5 days before my next draft date.
- The Y may contact me via email regarding my membership and Y Activities.

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;
- if I elect to participate in an Activity,
 - a. acknowledge that I have either: (i) had a physical examination and have been given my physician’s permission to participate in the Activity, or (ii) have decided to participate in the Activity without the approval of my physician; and
 - b. represent that I am physically and psychologically ready to participate in the Activity; and
 - c. 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
 - d. 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 wanton conduct, or intentional conduct.

I UNDERSTAND AND AGREE THAT BY SIGNING THIS FORM I WILL WAIVE AND FOREVER GIVE UP 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.

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 representatives and assigns. The name(s) of Minors for whom I am parent or guardian are:

X Signature: _____ **Date:** _____

Name (Printed): _____