

# Sewickley Valley YMCA Membership Application

Member Number \_\_\_\_\_

Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Contact Information			
Name Mr. Ms. Mrs. Dr.			
Street Address	City	State	Zip Code
Home Phone (      )		Email Address	
Employer Name		Work Phone (      )	
Emergency Contact	Relationship	Phone Number (      )	

FOR OFFICE USE ONLY	
Staff Initials _____	
<input type="checkbox"/> DRAFT	<input type="checkbox"/> ANNUAL PAY
<input type="checkbox"/> Family	<input type="checkbox"/> Adult <input type="checkbox"/> Senior
<input type="checkbox"/> College	<input type="checkbox"/> Teen <input type="checkbox"/> Youth
<input type="checkbox"/> Single Parent Family	
Draft Date _____	
Amount Paid _____	

Background Information	
Circle One Male      Female	Date of Birth ____/____/____
<i>The following information is voluntary but appreciated. These confidential questions are necessary as we apply to different funding sources for assistance.</i>	
<b>HOUSEHOLD INCOME</b>	<b>ETHNIC/RACIAL BACKGROUND</b>
<input type="checkbox"/> Less than \$15,000	<input type="checkbox"/> Black or African American
<input type="checkbox"/> \$15,000 - \$29,000	<input type="checkbox"/> Hispanic or Latin
<input type="checkbox"/> \$30,000 - \$49,000	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> \$50,000 - \$74,000	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> \$ 75,000 or more	<input type="checkbox"/> White or Caucasian
	<input type="checkbox"/> Other _____

Interests
I am interested in the following programs:
<input type="checkbox"/> Youth Sports <input type="checkbox"/> Fitness <input type="checkbox"/> Adult Sports
<input type="checkbox"/> Teen Programs <input type="checkbox"/> Social Programs
<input type="checkbox"/> Family Programs <input type="checkbox"/> Child Care/ Day Camp
Please contact me about volunteer opportunities to help the YMCA achieve its mission: <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about our YMCA?
<input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Mail <input type="checkbox"/> School <input type="checkbox"/> Friend
<input type="checkbox"/> Internet/Email <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Don't Know
Are you aware that our YMCA offers financial assistance with memberships and programs? <input type="checkbox"/> Yes <input type="checkbox"/> No

Participating Household Members		
Name (Add last name if different)	Date of Birth	Sex

Membership Agreement
1. YMCA bank/credit card draft is a continuous membership plan. It is my understanding that if I wish to <b>terminate</b> or <b>change</b> my membership in any way, I must give written notice <b>30 days prior</b> to my draft date. <b>Please Initial</b> _____
2. I understand that my membership must be renewed within 90 days of cancellation or renewal date or I will be required to pay another joining fee. <b>Please Initial</b> _____
3. I understand that there are <b>NO REFUNDS</b> given and it is my responsibility to check my monthly bank statements and report any corrections within 30 days to the YMCA. <b>Please Initial</b> _____
4. Should any bank/credit card draft not be honored for any reason, I understand that I am still responsible for that payment <b>plus a service fee</b> applied by the YMCA. This is in addition to any fee my bank may impose. <b>Please Initial</b> _____
5. Should any technical difficulties arise that would alter my otherwise set draft date, I understand that it is MY responsibility to maintain the funds in the account until they are withdrawn and that the YMCA will <b>not</b> be held responsible for my lack of funds. <b>Please Initial</b> _____
6. The YMCA Board of Directors may adjust the monthly membership rate at any time. I understand that notice will be mailed to the last address given to the YMCA 30 days prior the increase. <b>Please Initial</b> _____
7. I understand that membership cards remain the property of the YMCA and must be surrendered upon demand. <b>Please Initial</b> _____

I, hereby, for myself, family, heirs, executors, and administrators waive and release any and all claims and damages I may have against the Sewickley Valley YMCA and their respective agents, representatives, successors, and assigns, for any and all injuries which may be suffered by me, my household, or my family in connection with participating in YMCA activities and programs.

I understand that the YMCA assumes no responsibility for injuries or illnesses which I, my household, or my family may sustain as a result of our physical condition, or resulting from our observation or participation in any activity or use of the facilities or equipment used for YMCA activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses for myself, my household, or my family, which may result from participation in these activities.

In the event that I cannot be reached, I authorize the Sewickley Valley YMCA to secure proper treatment for my children. I also grant full permission to the YMCA to use any photographs, tapes, or video recordings of me, my husband, or family for purposes of promoting or interpreting YMCA programs.

I agree on behalf of myself, my household, and my family with YMCA policies and procedures and understand that my/our membership can be revoked without refund for exhibiting inappropriate behavior or abuse toward the YMCA staff members, members, and/or facilities.

Signature \_\_\_\_\_  
(parent or guardian for children under the age of 18)

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_