



SEWICKLEY VALLEY YMCA MEMBERSHIP APPLICATION

MISSION

To build a healthy spirit, mind and body based on Christian principles and to improve the quality of life for children, individuals and families in the Ambridge Area, Cornell, Moon Area and Quaker Valley school districts.

ABOUT OUR Y

The Y will always be dedicated to building healthy, confident and connected children, adults, families and communities. Every day our impact is felt when an individual makes a healthy choice, a mentor inspires a child and a community comes together to make a difference.

EVERYONE IS WELCOME

The YMCA Financial Assistance program is another way the Y fulfills our mission to serve all people. At the Y, no one is turned away for an inability to pay. The Y provides financial assistance to youth, families and individuals who do not have the resources to pay the full membership or program fee. Assistance is provided for qualifying participants. Questions regarding financial assistance should be directed to Barb Herman, Membership Manager at 412-741-9622 ext. 131.

Please complete only the information in the starred sections if you answer yes to any of the questions below.

- Yes, I joined online.
- Yes, I am approved for Financial Assistance.
- Yes, I am approved for medical rejoin.

EMERGENCY CONTACT

Name:

Primary Phone:

Relationship:

MEMBER INFORMATION

★ Name:

★ Birthdate: M F

Address:

City: State: Zip:

Primary Phone:

Other Phone:

★ Email:

★ Employer:

ALL PERSONS LIVING IN HOUSEHOLD

Name

DOB

M F

M F

M F

M F

M F

M F

M F

WHAT BRINGS YOU TO THE Y TODAY?

I WOULD LIKE MORE INFORMATION ON THE FOLLOWING

PHYSICAL HEALTH & WELLNESS

- Aquatics
- Chronic Disease Mgmt.
- Group Exercise
- Group Sports
- Pilates/Yoga
- Strength Training

PRESCHOOL, YOUTH, TEEN & FAMILY

- Child Care, State Licensed
- Child Watch
- Day Camp
- Family Programs & Events
- Preschool Recreation
- Youth Programs
- Swim Lessons
- Teen Programs & Leadership

SOCIAL GROUPS, EVENTS & EDUCATION

- Active Older Adult programs
- Bible Study
- Breastfeeding Moms Network
- Lifeguard Certification
- Senior Men's Club
- Sit & Stitch

COMMUNITY & VOLUNTEERISM

- Board Member
- Coaching
- Faith in Action
- Volunteer

HOW DID YOU HEAR ABOUT THE Y

- Billboard
- Direct Mail
- Email
- Employment
- Former Member
- Friend or Family
- Medical Referral
- Newspaper
- TV/
Radio

ETHNIC/RACIAL BACKGROUND

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

MEMBER AGREEMENT AND GENERAL LIABILITY WAIVER

YMCA memberships are a continuous membership plan. I understand that this means that this membership will remain in effect until the Sewickley Valley YMCA receives notification of my desire to either change or terminate my membership.

Should I desire to terminate or change my membership I understand that I am required to give notice either by mail, email, fax or in-person for termination or holds and must be made by giving the YMCA a minimum of five (5) business days' notice prior to the scheduled draft date. An email cancellation will be considered complete upon confirmation by the YMCA. I further understand that membership dues are non-refundable and non-transferrable.

The YMCA Board of Directors may adjust the monthly membership rates at any time. I understand that notice will be mailed to the last address given to the Y 30 days prior to the rate adjustment.

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 of 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 illness 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.

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, including the Sewickley Valley YMCA, 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.

I understand that all new or renewing members age 18 and over will be required to provide photo identification. 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. Proper forms of identification may include a license, passport, military, student or state identification card.

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 YMCA staff members, members and/or facilities.

I understand that I have electronic access to the Sewickley Valley YMCA Information and Policy Guide and will be provided a printed copy of such upon request. I/we agree to adhere to all policies set forth by the Sewickley Valley YMCA Information and Policy Guide.

Signature _____ Date ___/___/___

(Parent or guardian for children under the age of 18)

AUTHORITY TO DRAW PAYMENTS

I have given authority to _____
Name of bank or Credit Card

I have given authority to honor pre-authorized checks and charges drawn by you on my designated account for membership payments. It is understood that your sending of a pre-authorized check or charge to the bank when a payment becomes due shall constitute valid notice of such payment due on this membership. When the bank honors the check or charge by charging my account, it shall constitute my receipt for payment.

I understand that there are no refunds given and that it is my responsibility to check my monthly statements and report any corrections within 30 days to the YMCA.

Should any membership bank/credit card draft not be honored by my bank for any reason, I realize that I am still responsible for that payment plus a \$20 service charge applied by the YMCA. This is in addition to any service fee my bank may impose.

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 not be held responsible for my lack of funds.

Signature _____ Date ___/___/___
(Parent or guardian for children under the age of 18)

PRIVACY AND PUBLICITY POLICY

The Y collects personally identifiable information (PII) from you when you voluntarily submit such information to us. This information may include your name, home address, email address, telephone number, date of birth, demographic information, sex-offender status, membership status, emergency contact information and other information that we may need to collect in connection with certain events, including but not limited to: Registration for, or participation in, events, classes, camps and other activities or programs offered by The Y; Participation in YMCA Nationwide Membership; and registration as a member of The Y.

I understand that photographs, videos and other recordings of me, as well as all individuals listed on the membership application, may be taken by the YMCA on occasion to be used for promotional purposes.

Due to the advances in video equipment and telephone video technology, and for the privacy, safety and security of our members and guests, the use of any and all video and camera equipment is prohibited and may not be used in locker rooms, dressing areas, shower areas or restrooms.

Signature _____ Date ___/___/___
(Parent or guardian for children under the age of 18)

OFFICE USE ONLY

Photo ID documented, screened _____ Date ___/___/___ Unit Number _____

Annual Pay _____ Draft _____ Draft Date 5th 15th Amount Paid _____

Membership Type _____ Insurance Carrier _____

Insurance ID Number _____ Fitness ID Approval Number _____

Purpose Online Join Scholarship Free Y&T CSB CWB Medical Rejoin

MSR _____ Notes _____

QA Verification _____