



# 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.

MEMBER INFORMATION		
Name:		
Birthdate:	M <input type="checkbox"/> F <input type="checkbox"/>	
Address:		
City:	State:	Zip:
Primary Phone:		
Other Phone:		
Email:		

ALL PERSONS LIVING IN HOUSEHOLD	
Name	DOB
	M <input type="checkbox"/> F <input type="checkbox"/>
	M <input type="checkbox"/> F <input type="checkbox"/>
	M <input type="checkbox"/> F <input type="checkbox"/>
	M <input type="checkbox"/> F <input type="checkbox"/>
	M <input type="checkbox"/> F <input type="checkbox"/>
	M <input type="checkbox"/> F <input type="checkbox"/>

EMERGENCY CONTACT
Name:
Primary Phone:
Relationship:

WHAT BRINGS YOU TO THE Y TODAY?

### I WOULD LIKE MORE INFORMATION ON THE FOLLOWING

<input type="checkbox"/> Aerobics - Group Ex.	<input type="checkbox"/> Coaching	<input type="checkbox"/> Volunteerism	If other: _____ _____ _____
<input type="checkbox"/> Spinning	<input type="checkbox"/> Parent - Child Programs	<input type="checkbox"/> Fundraising	
<input type="checkbox"/> Strength Training	<input type="checkbox"/> Teen Activities	<input type="checkbox"/> Board Member	
<input type="checkbox"/> Sports	<input type="checkbox"/> Senior Programs	<input type="checkbox"/> Aquatics	
<input type="checkbox"/> Summer Camp	<input type="checkbox"/> Social Activities	<input type="checkbox"/> Other	
<input type="checkbox"/> Resident Camp	<input type="checkbox"/> Family Recreation	<input type="checkbox"/> Wellness Orientation	
<input type="checkbox"/> Childcare			

### HOW DID YOU HEAR ABOUT THE Y

<input type="checkbox"/> TV Radio	<input type="checkbox"/> E-mail
<input type="checkbox"/> Billboard	<input type="checkbox"/> Newspaper
<input type="checkbox"/> YMCA	<input type="checkbox"/> Employment
<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Member/ Former Member

### ETHNIC/RACIAL BACKGROUND

<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Hispanic
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Native American
<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Other
<input type="checkbox"/> Caucasian/White	

### MEMBER AGREEMENT

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 before the 25th of the month for cancellation the following month. I further understand that membership dues are non-refundable and non-transferrable. Membership cards are the property of the YMCA and must be surrendered upon demand.

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.

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.

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. I also grant full permission to the YMCA to use any photographs, tapes or video recordings of me or my family for purposes of promoting or interpreting YMCA programs.

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 have received a copy of the Sewickley Valley YMCA Member Information Book. I/we agree to adhere to all policies set by the Sewickley Valley YMCA as written in the Membership Handbook.

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

to honor pre authorized checks and charges drawn by you on my account for membership payments. It is understood that your sending of a pre-authorized check or charge to the bank as 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, such check 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 fund 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)

### OFFICE USE ONLY

Photo ID documented, screened \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Annual Pay \_\_\_\_\_ Draft \_\_\_\_\_ Draft Date  5th  15th Amount Paid \_\_\_\_\_

Membership Type \_\_\_\_\_ Insurance Carrier \_\_\_\_\_

Insurance ID Number \_\_\_\_\_ Fitness ID Approval Number \_\_\_\_\_

MSR \_\_\_\_\_ Notes \_\_\_\_\_

QA Verification \_\_\_\_\_