



# MEMBERSHIP APPLICATION

## SEWICKLEY VALLEY YMCA

### 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 Chellsa Marney, Director of Membership & Community Engagement at 412-741-9622 ext. 104.

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

## I WOULD LIKE MORE INFORMATION ON THE FOLLOWING

### ADULT & SENIOR

- Basketball
- Cardio Exercise
- Group Exercise
- Lap Swimming
- Master's Swim Team
- Paddle Tennis
- Pickleball
- Senior Social Activities
- Spinning
- Strength Training
- Tennis
- Volleyball
- Water Aerobics

### PRESCHOOL, YOUTH, TEEN & FAMILY

- Child Care, State Licensed
- Day Camp
- Family Programs
- Kid Zone
- Preschool Recreation
- Swim Lessons
- Swim Team
- Youth Activities

## HOW DID YOU HEAR ABOUT THE Y

- Billboard
- Email
- Employment
- Former Member
- Social Media
- Former Member
- Friend or Family
- Medical Referral
- Newspaper
- Website

## ETHNIC/RACIAL BACKGROUND

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

## 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)

## 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 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.

### Acknowledgment of Risk

I hereby acknowledge and agree that participation in Sewickley Valley YMCA activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with Sewickley Valley YMCA participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with Sewickley Valley YMCA participation and that said list in no way limits the operation of this Agreement.

### Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Sewickley Valley YMCA Sewickley Valley YMCA programs or accessing Sewickley Valley YMCA facilities could increase the risk of contracting COVID-19. Sewickley Valley YMCA in no way warrants that COVID-19 infection will not occur through participation in Sewickley Valley YMCA programs or accessing Sewickley Valley YMCA facilities.

### Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation in Sewickley Valley YMCA I, the undersigned participant, agree to release and on behalf of myself, my household, and my family, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Sewickley Valley YMCA, 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, their officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, household and family, representatives, executors, administrators and assigns may have, now or in the future, against any Releasees on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Sewickley Valley YMCA facilities/equipment or participation in Sewickley Valley YMCA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of my participation in Sewickley Valley YMCA, I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my Sewickley Valley YMCA participation.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in Sewickley Valley YMCA participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in Sewickley Valley YMCA and that by signing this agreement I HEREBY RELEASE Releasees from all liability for such loss, damage, or death. I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation in Sewickley Valley YMCA.

I further certify that I am 18 years or older and that I am therefore of lawful age and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

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 \_\_\_\_\_