



SOUTHEASTERN INDIANA YMCA

Membership Application

Join Date: _____ _Full Pay _Bank Draft _ Credit Card Member number _____

Membership: _Family _Adult _Young Adult _Youth _Senior Family _Senior Adult Other _____

Primary Person of Membership

First Name _____ County you reside in _____

Last Name _____ Primary Phone _____

Casual Name _____ Would you like to receive text messages?
___yes ___no

Date of Birth _____

Gender ___M ___F What is your primary language?
___English ___Spanish ___Other

Race: _____ Secondary Phone _____
___Asian/Pacific Islander ___Native American

___African American/Black ___Other

___Alaskan Native ___Unspecified

___Hispanic ___Caucasian/White E-mail _____

Address _____ Employer _____

City _____ Business Phone _____

State _____ Zip _____ Emergency Contact _____

Emergency Phone _____

Secondary Adult

First Name _____ Primary Phone _____

Last Name _____ Would you like to receive text messages?
___yes ___no

Casual Name _____ What is your primary language?
___English ___Spanish ___Other

Date of Birth _____ Secondary Phone _____

Gender ___M ___F E-mail _____

Race: _____ Employer _____
___Asian/Pacific Islander ___Native American

___African American/Black ___Other

___Alaskan Native ___Unspecified Work Phone _____

___Hispanic ___Caucasian/White

Relation to Primary Person?
___Spouse ___Dependent

___Son ___Friend

___Daughter ___Other

___Parent

Dependents & Applicants under 18 years of age (19-23 if full time student living at home)

First & Last Name	M/F	Birth Date	Relationship	Race

How did you hear about us?

- | | |
|--|--|
| <input type="checkbox"/> Radio | <input type="checkbox"/> Place of employment |
| <input type="checkbox"/> Television | <input type="checkbox"/> Member |
| <input type="checkbox"/> Drive by/Live in area | <input type="checkbox"/> Former Member |
| <input type="checkbox"/> YMCA | <input type="checkbox"/> Friend/Family |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Medical Referral |
| <input type="checkbox"/> Email | <input type="checkbox"/> Website |
| <input type="checkbox"/> Yellow pages | <input type="checkbox"/> Chamber of Commerce |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Realtor |

Areas of Interest

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Group Exercise | <input type="checkbox"/> Parent-Child Programs | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Teen Activities | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Strength Training | <input type="checkbox"/> Senior Programs | <input type="checkbox"/> Aquatics |
| <input type="checkbox"/> Summer Camp | <input type="checkbox"/> Social Activities | <input type="checkbox"/> Youth Sports |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Family Recreation | <input type="checkbox"/> Adult Sports |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Volunteerism | <input type="checkbox"/> Other |

Volunteer Opportunities

- | | | |
|--|--|--|
| <input type="checkbox"/> Group Exercise | <input type="checkbox"/> Coaching | <input type="checkbox"/> Family Activities |
| <input type="checkbox"/> Cycling | <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"/> Social Activities | | |

COMMUNITY SUPPORT DONATION

The Y is committed to strengthening our community through youth development, healthy living and social responsibility. The Y makes strengthening our communities our cause by providing Youth and Teen Events, Childcare Subsidy, reduced membership fees based on income, free Family Fun nights and support for Safe Passage families. By giving a tax deductible donation, you can be part of strengthening our community.

I authorize the Y to add the following amount to my monthly bank draft OR authorize a one-time payment to support other families in need.

\$50 \$25 \$10 other \$ _____ One-time Monthly recurring

Signature _____ Date _____

CONDITIONS OF MEMBERSHIP

Member Conduct & Right to Use the Facility: Applicant(s) agrees to abide by all policies and procedures of the Southeastern Indiana YMCA and understands that failure to act in accordance with these rules may result in expulsion from the Y or revocation of the membership.

We consider it of great importance to provide a safe and threat-free environment. For this reason the **YMCA monitors the sexual offender registry. Persons on the list will not be eligible for YMCA membership,** program participation, and volunteer or employment opportunities with this YMCA.

Property Loss: The applicant understands that the Southeastern Indiana YMCA is not responsible for personal property lost, damaged, or stolen while using the YMCA facilities or participating in YMCA programs.

Photograph Permission: The applicant(s) hereby gives permission for the YMCA (local, national, and international) to use, without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret YMCA programs.

Cell Phone/Video Taping: Due to the advances in video equipment and telephone video technology, and for the safety and security of our members and guests, any and all video equipment may not be used in locker rooms, dressing areas, shower areas, restrooms, or other areas generally deemed to be "private" within the Y.

LIABILITY WAIVER

In consideration of participating in Southeastern Indiana YMCA activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence Southeastern Indiana YMCA and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

I acknowledge that participating in Southeastern Indiana YMCA activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning, or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.

I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from my negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume- and bear the costs of- all risks that may be created, directly or indirectly, by any such condition.

In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read Conditions of Membership and Liability Waiver and understand this document and I agree to be bound by its terms.**

Signature

Date



SOUTHEASTERN INDIANA YMCA

Authorization Form for Recurring Payments

Member # _____

You authorize regularly scheduled charges to your checking/savings account or Visa or MasterCard for payment of membership dues. You will be charged on the 28th of the month. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment or payment schedule changes, we will notify you before the payment date.

I, _____ authorize the Southeastern Indiana YMCA to charge/debit my account monthly for membership dues.

I, _____ authorize a recurring fee for locker rental to be continuous until I cancel the service.

Checking or Saving Account (circle one)

Account Holder Name _____

Bank Name _____

Bank Routing # _____

Account # _____

City/State _____

Your Phone # _____

Please attach a voided check.

Credit Card

Preferred credit cards:

Visa MasterCard

Cardholder Name _____

Account # _____

Expiration Date _____

CVV _____

Your Phone # _____

A \$2/month fee added for credit card method of payment.

Please initial

1. Your membership is continuous until you complete a form at the Y to discontinue the membership.
2. If you wish to discontinue your membership, we request you do so by completing an Exit Survey form at the Y by the 24th of the month.
3. Your fee will be drafted on the 28th unless the date falls on Saturday, Sunday or a holiday, then the draft will be the following day.
4. If you cancel your membership in less than a year, you must wait 12 months to rejoin by recurring payments or rejoin by paying a year membership in full.
5. Members that pay less than the base fee for their membership will receive a letter stating when they need to renew their membership fee by submitting a new 1040 federal tax return. If a new 1040 is not submitted, the member will be drafted at the current base membership fee.
6. A \$12.00 service charge will be assessed to any NSF. In the event of a second NSF, full payment will be required to continue your membership.
7. The Joiners Fee is a one-time fee as long as you remain an active member of the Southeastern Indiana YMCA. If you choose to cancel or discontinue your membership for more than 30 days, a Joiners Fee will be charged when you reapply for membership.

I have read all of the conditions above and note my agreement with my signature.

Member Signature or Parent/Guardian Signature if Member is Under Age 18

DATE