



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GENEVA LAKES FAMILY YMCA

New Member Application



How did you hear about us?

Radio (WLKG 96.1) Website
 Facebook Friend
 Saw our Sign Other _____
 Employer, please list _____
 Newspaper, which one? _____

Membership Type:

Youth Adult Adult 2 Senior 1 60+
 Young Adult Adult 1 with Children Senior 2 60+
 Adult 2 with Children

The add on of \$10 per month Additional Adult is only available on Adult 2; Adult 2 with children; Senior 2 membership types.

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.

	First Name	MI	Last Name	Birth Date	Gender
Mailing Address			City	State	Zip
Email			Home Phone	Cell Phone	
Emergency Contact			Relationship	Phone	

The YMCA is committed to serving people of all ages, races, religions and economic levels. By completing the sections below, you will help us meet this goal. The information is confidential and will not be used for any other purpose.

Annual Giving Campaign

When you give to the YMCA Annual Giving Campaign, you will help young people reach their potential, empower people of all ages to lead healthier lives and strengthen the bonds of community in our area.

Every dollar donated gets reinvested back into our community through YMCA programs and services.

I would like to make a difference in someone's life by giving to the YMCA Annual Giving Campaign.

Please accept my gift of \$ _____ Pay in Full Auto Draft Payments

Thank you for your support!

Please list all individuals that live in your household that are going to be on your membership, proof of residency may be required.

First Name	MI	Last Name	Birth Date	Gender	Relationship
First Name	MI	Last Name	Birth Date	Gender	Relationship
First Name	MI	Last Name	Birth Date	Gender	Relationship
First Name	MI	Last Name	Birth Date	Gender	Relationship
First Name	MI	Last Name	Birth Date	Gender	Relationship
First Name	MI	Last Name	Birth Date	Gender	Relationship
Corporate Discount:	Staff:	Tour offered:	Financial Assistance Offered:	Waiver Signed:	24/7 Offered:

PAYMENT METHOD:

Bank Draft 1st OR 15th (please circle one) of _____ @ \$_____ per month Checking Savings

I hereby authorize the YMCA to initiate electronic fund transfers from my account _____. **Member Initials**

Void check, copy of check, or letter from bank must be attached _____. **Staff Initials**

Annual Full Pay Cash Check # _____ Credit Card



Membership Agreement In consideration for membership at the Geneva Lakes Family YMCA, I hereby agree, for myself (and for my children and/or wards, if under the age of 18), as follows:

INITIAL EACH SECTION BELOW.

_____ **Waiver, Release from Liability and Indemnity:** I understand that, in connection with this YMCA membership, I (and my children and/or wards, if under the age of 18) from time to time will enter onto the YMCA premises, will use the facilities and equipment located there, and will participate in athletic and/or sporting events sponsored by the YMCA, and that we hereby agree that we will enter the premises and engage in all such activities at our own risk. I further understand that the YMCA shall not be liable for any damages arising from personal injuries that I (and my children and/or wards, if under the age of 18) may sustain in or about the YMCA premises or as a result of any such activities. I agree to assume full responsibility for any such injuries or damages that may occur and fully and forever release and discharge the YMCA and its officers, directors, trustees, agents, servants, and employees, from any and all liability, claims, demands, damages, rights of action, or causes of action, present or future arising there from, if this Waiver, Release from Liability and Indemnity Agreement is found to be unenforceable under the law of the applicable state, it shall be deemed to be stricken from this Membership Agreement.

_____ **YMCA Not Responsible for Personal Property:** I understand that the YMCA premises are used by YMCA members, their guests and members of the public, and that the YMCA is not responsible for my personal property (or that of my children and/or wards, if under the age of 18), including, without limitation, any personal items that I (or they) might leave in a locker or storage area while engaged in activities at the YMCA.

_____ **Permission to use Photographs:** I hereby give the YMCA, and its employees or agents, permission to take, copyright, use, and publish photographs of or concerning me (and/or my children or wards, if under the age of 18) for purpose of the business of the YMCA, including without limitation, the preparation of promotional materials for the YMCA, including materials prepared for the purpose of fundraising.

_____ **Code of Conduct:** The Geneva Lakes Family YMCA is committed to providing a safe and welcoming environment for our members and guests. To ensure the safety and comfort of all, we ask individuals to act appropriately at all times when they are in our facility or participating in YMCA programs. We expect persons using the YMCA to behave in a mature and responsible way and to respect the rights and dignity of others. Our Code of Conduct does not permit language or action that can hurt or frighten another person or that falls below a generally accepted standard of conduct. This includes but is not limited to: angry or vulgar language: including swearing, name-calling or shouting; physical contact with another person in an angry or threatening way; any demonstration of sexual activity or sexual contact with another person; harassment or intimidation by words, gestures, body language or any other menacing behavior;

behavior which intends to or results in the destruction of property. Members are encouraged to be responsible for their personal comfort and safety and ask any person whose behavior threatens their personal comfort to refrain. Staff are trained and expected to respond to any reported violations of our Code of Conduct. Please do not hesitate to notify a staff person if you need assistance. We want to help. The Executive Director will investigate all reported incidents. Suspension or termination of YMCA membership privileges may result from any violation of the Code of Conduct. I understand the above code of conduct.

_____ **Membership Termination Policy:** I agree that the YMCA has the right to terminate my YMCA privileges anytime if: a) it appears to the YMCA in its sole discretion and judgment that I (and/or my children and/or wards who are under the age of 18 years) are taking actions or doing things that are contrary to the Y's Mission, or; b) it appears to the YMCA in its sole discretion and judgment that I (and/or my children and/or wards who are under the age of 18 years) are involved in criminal acts, or that; c) I (and/or my children and/or wards who are under the age of 18 years) are acting in ways that disrupts the YMCA's operations. d) I (and/or my children and/or wards who are under the age of 18 years) are in direct violation of the Member Code of Conduct.

_____ **Cancellation/Change/Hold Policy** I understand that this is a continuous membership and if I wish to terminate, change, or hold my membership in any way, I must give the YMCA a 30 day written notice. I realize that membership rates may change without notice. I may place my membership on hold for a maximum of 3 months once per calendar year. I must give the YMCA 30 days written notice to place on hold. Should any membership deduction not be honored by my bank for any reason, I realize that I am responsible for the payment, plus a service charge of no more than \$25 applied by the YMCA. This is in addition to any service fee my bank may make. I understand it is my responsibility to notify the YMCA in writing should I change my financial institution and/or account at any time. Memberships are non-transferable and not subject to refunds.

The YMCA conducts daily 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.

IN WITNESS WHEREOF, the undersigned executes this Membership Agreement this DATE _____

PRINT NAME

Signature of Participant or Parent/Legal Guardian if a Date minor (Under 18 Years of Age), or if more than one are listed on behalf of each of them.