



# GENEVA LAKES FAMILY YMCA

## New Member Application

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**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 160+  
 Young Adult  Adult 1 with Children  Senior 2 60+  
 Adult 2 with Children

The add on of \$15 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.

**Please indicate your race/ethnicity, this information will help us apply for grants and obtain special funding.**

Asia/Pacific Islander  Alaskan Native  
 African American/Black  Hispanic  
 Native American  Unspecified  
 Caucasian/White  Other \_\_\_\_\_

**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

**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 15<sup>th</sup> (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

Turn over to initial and sign  
Agreement, thank you!



# GENEVA LAKES FAMILY YMCA

## Membership Agreement

### **Waiver, Release of Liability, and Indemnity:**

I agree, for myself and my children/wards under 18, to use the YMCA facilities and participate in activities at our own risk. The YMCA is not liable for personal injuries sustained on premises or during activities. I accept full responsibility for any injuries and release the YMCA, its officers, and staff from all claims. If any part of this waiver is unenforceable, it will be stricken without affecting the rest of this agreement.

### **Recurring monthly membership is continuous:**

**I understand that this is a continuous membership, and I will be charged regardless of facility usage, on the 1st or the 15th of every month until I give a minimum of 10 days' written notice to cancel my membership.**

I understand that my initial fees will be a prorated amount and that my first full billing cycle will begin on the upcoming 1st or 15th date, (whichever I have chosen as my recurring billing date).

### **Consent for Future Rate Increases:**

The YMCA Board of Directors may, at its discretion, adjust the monthly rate applicable to my membership category and recurring payments (locker & towel rental, unlimited child care, 24/7 access) once per year. I understand that I will receive a notice at least four weeks prior to any such change in my membership or recurring fees. I will receive an increase notice through mail and/or email, and *it is my responsibility to provide the YMCA with up-to-date contact information in order to receive this communication*. I realize that it is my responsibility to cancel my membership prior to a rate increase, if I choose to do so.

### **Personal Property:**

The YMCA is not responsible for personal property, including items left in lockers or public areas.

### **Photography Permission:**

I authorize the YMCA and its representatives to photograph me and/or my children/wards for use in promotional and fundraising materials.

### **Code of Conduct:**

Members must act respectfully and responsibly, avoiding vulgar language, threats, harassment, sexual activity, property damage, or any behavior that compromises safety and dignity. Staff are trained to respond to any violations. Breaches may result in suspension or termination of membership.

### **Membership Termination:**

The YMCA may terminate membership at its sole discretion for actions against its mission, criminal behavior, operational disruption, or violation of the Code of Conduct.

### **Cancellation / Change / Medical Hold Policy:**

I understand that memberships are continuous. A 10-day written notice is required for cancellations, changes, or medical holds. Medical holds are allowed for a maximum of three months within a twelve month period of time, with physician documentation.

I understand that if I cancel my membership, and I am currently paying the loyalty rate, I will forfeit my loyalty rate and will have to rejoin in the future at the standard rate, unless I rejoin within 30 days.

Members must inform the YMCA of financial account changes. Bank returns will incur up to a \$25 YMCA fee. This is in addition to any service fees your bank may charge.

***Memberships are non-transferable and non-refundable.***

**I understand the documentation and referred to "written notice" MUST be submitted to the Geneva Lakes Family YMCA via:**

1. Online Change Form found on the **genevalakesymca.org** website
2. By submitting the request through "My Account" via the **genevalakesymca.org** website
3. By filling out the paper Cancel or Change Form and submitting to our Front Desk

### **System Credits:**

Credits from program cancellations can be applied to future YMCA purchases and expire one year from the issue date. Unused credits after expiration are non-refundable.

### **Sex Offender Screening:**

Daily sex offender screenings are conducted. A match will result in cancellation of membership and program participation, and removal of visitation rights.

**By signing this agreement, I am acknowledging that I understand and agree to the terms written in this agreement in its entirety.**

Date: \_\_\_\_\_

Print Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Signature \_\_\_\_\_