

# YMCA of Cass and Clay Counties

## Membership Application

### Primary Member Information

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Date of Birth Gender  Male  Female

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_  
Home Phone Number Cell/Alternate Phone Number

\_\_\_\_\_  
Parent/Guardian Name (If primary member is under 18 years) Phone Number

\_\_\_\_\_  
Employer/School City State

\_\_\_\_\_  
E-mail Address

Do you wish to receive YMCA updates via e-mail?  Yes  No

Have you or anyone else on this membership application been on a registered sex offender list?  Yes  No

Do you have health insurance?  Yes, Self  Yes, Family  No  
Insurance Provider: \_\_\_\_\_

### Emergency Contact

\_\_\_\_\_  
Name Phone Number

### Family Members

#### Spouse / 2nd Adult

\_\_\_\_\_  
First Name Last Name Date of Birth Gender

\_\_\_\_\_  
Employer/School City State

#### Children / Dependents

\_\_\_\_\_  
First Name Last Name Date of Birth Gender

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

### Membership Type

- Youth (Ages 14 and younger)
- Student (Ages 15-17)
- Young Adult (Ages 18-24)
- Adult (Ages 25-64)
- Senior (Ages 65+)
- Family
- Household
- Senior Family
- Single-Parent Family

### Payment Method

- Monthly Bank Draft
- Annual Pay (10% Discount)

### How did you hear about us?

- Friend  Brochure/Mailing
- Radio  Television
- Newspaper  Drove By
- Employer  Phone Book
- Medical Reference
- Website / Internet
- Other, please specify: \_\_\_\_\_

### Areas of Interest

- Weights  Cardio
- Aquatics  Group Fitness
- Racquetball / Handball
- XerZone  Climbing Wall
- Skate Park  Family Programs
- Youth/Teen Programs
- Adult Programs
- Child Care / Preschool

*The following information is used to help us secure grant funding and better serve our members. All answers are confidential.*

### Financial Assistance

The YMCA offers income-based financial assistance to individuals with a proven inability to pay the cost of services. Would you like to be considered for this program?

- Yes  No

### Annual Household Income

- \$0-\$14,999
- \$15,000-29,999
- \$30,000-49,999
- \$50,000-74,999
- \$75,000+

### Race

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

### Financial Asst. – Office Use Only

Gross Income: \_\_\_\_\_

FA: \_\_\_\_\_ Exp Date: \_\_\_\_\_

# YMCA of Cass and Clay Counties

## Membership Guidelines & Waivers

**I/We are applying for membership to the YMCA of Cass and Clay Counties and agree to cooperate with its members in carrying on the work and mission of the YMCA within the following guidelines:**

It is my/our responsibility to conduct my/our personal affairs in a manner that affirms the mission of the YMCA.

In consideration of my participation in the activities of the YMCA of Cass and Clay Counties, I do, for myself, my heirs, executors and administrators, waive any and all claims for damages for any injury to myself which may have been sustained arising out of or connected with such participation and I release and discharge the YMCA of Cass and Clay Counties, its members, officers, employees, or agents from any and all liability whatsoever arising out of or connected with such participation.

The YMCA reserves the right, but assumes no obligation, to conduct background checks on all applicants for membership.

I do hereby declare myself to be physically sound having medical approval to participate in the activities of the YMCA of Cass and Clay Counties.

### **Code of Conduct:**

The YMCA of Cass and Clay Counties is committed to providing a safe and welcoming environment for all members and guests. Conduct that does not support the YMCA mission or core values of caring, honesty, respect, responsibility and health is not acceptable.

**Be responsible** - You are responsible for your behavior. If you have a concern or problem, please contact a YMCA staff person.

**Be caring** - No fighting, physical or verbal confrontation is allowed in YMCA programs or facilities. Refrain from abusive or profane language.

**Be respectful** - Intentional damage to another person's property or YMCA property will not be tolerated. Mistreatment or harassment of YMCA members or staff is strictly prohibited.

**Be honest** - You are expected to be honest and professional with other members and staff.

**Be healthy** - Unsafe or dangerous behavior will not be tolerated. Your YMCA is a safe zone. Use or possession of drugs, alcohol, or weapons is not allowed in YMCA programs or facilities. No smoking is allowed in YMCA facilities.

**Violation of these guidelines may result in suspension or revocation of membership.**

### **Photo/Video Release:**

For my participation in activities to be conducted by the YMCA of Cass and Clay Counties, I hereby give my permission and consent, now and for all time, to the YMCA of Cass and Clay Counties, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with the YMCA of Cass and Clay Counties and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me/members on my account and/or my narrative account of my experience at the YMCA of Cass and Clay Counties, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

---

Primary Member Name (Please Print)

---

Primary Member Signature (or Parent/Legal Guardian signature if primary member is under 18 years)

Date