



DuBois Area YMCA Membership Application & PROGRAM PARTICIPANT INFO. FORM

Membership

- | | |
|--|---|
| <input type="checkbox"/> Youth | <input type="checkbox"/> College |
| <input type="checkbox"/> Adult | <input type="checkbox"/> Senior (Age 60+) |
| <input type="checkbox"/> Family | <input type="checkbox"/> Senior Family |
| <input type="checkbox"/> Silver Sneakers | <input type="checkbox"/> Other _____ |

*Family Memberships include adult(s) w/dependents up to age 18; includes full-time students through age 25 (proof of status required)

Payment Method: Annual (one payment/year) Monthly (automatic checking, savings or credit card drafts)

PLEASE PRINT

First Name				MI	Last Name	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated				
Race <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other						
Mailing Address		PO Box		Apartment Number		
City			State	Zip		
Home Phone			Cell Phone			
E-mail						
Employer		Work Address				
Work Phone		City		State	Zip	
Emergency Contact for Primary Adult						
First Name		Last Name		Phone		

2nd ADULT'S INFORMATION (for family memberships only)						
First Name		MI	Last Name			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated				
Race <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other						
Cell Phone		E-mail				
Employer		Work Address				
Work Phone		City		State	Zip	
Emergency Contact for 2nd Adult						
First Name		Last Name		Phone		

CHILDREN'S INFORMATION (for family & youth memberships only)				
First Name	MI	Last Name	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
First Name	MI	Last Name	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
First Name	MI	Last Name	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
First Name	MI	Last Name	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
First Name	MI	Last Name	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F

ID Number	Last Name	First Name	MI	Member Type	Expiration Date
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DRAFTS ONLY

AUTHORIZATION TO THE YMCA: I have given my authority to the above named bank / credit card company to honor preauthorized EFT/charge drawn by the YMCA on my account for the membership payments as indicated above. It is understood that the YMCA's transmission of a preauthorized draft to the bank as payment becomes due shall constitute valid notice of such payment due on the above named activity. When the bank honors the draft by charging my account, such draft shall constitute my receipt for the payment. Should any preauthorized draft not be honored by said bank when received by them, then it is understood that an additional service fee of \$15.00 will be applied to my account.

ATTACH VOID
CHECK HERE

Monthly Memberships are a continuous membership plan. I understand that the membership will remain in effect until I initiate its termination by giving the YMCA a written notice 30 days prior to my next scheduled monthly withdrawal date. Failure to give 30 day written termination notice will result in that month's fees being non-refundable.

- o The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership at any time. I understand that I will receive at least thirty (30) days notice prior to any such change.
- o Should any draft not be honored by my bank for any reason, I realize that those funds plus a service charge of \$15.00 will be applied to my membership account and that facility usage will be suspended until dues are paid. The YMCA service charge is in addition to any service fee my bank may charge. I understand it is my responsibility to notify the YMCA of any change in address, bank account information (if utilizing bank draft for payment of dues) or credit card information / expiration date (if utilizing credit card for payment of dues).
- o I understand that after two unpaid drafts, the YMCA will immediately terminate my membership until I have brought all my account up to date.

Member's Ongoing Right to Cancellation: After the first thirty days of membership, you may cancel the remainder of your membership at any time by giving the YMCA written notice thirty (30) days in advance of your next scheduled day of monthly EFT/Charge.

YMCA Staff check draft day: 1st 15th

I choose to utilize the EFT option (monthly direct debits from my Checking Savings account)

Bank Name _____ Name on Account _____
Routing/Transit Number _____ Account Number _____
Authorized Signature _____ Date _____

~ OR ~

I choose to utilize the Credit / Debit Card Payment option (automatic monthly charges to credit card)

Credit Card Type Visa MasterCard American Express Discover
Card Holder Name _____ Card Hold Street Address & Zip _____
Account Number _____ Expiration Date _____
Authorized Signature _____ Date _____

CODE OF CONDUCT

The YMCA is committed to providing a safe and welcoming environment for all members and guests. To promote safety and comfort for all, individuals are asked to act appropriately at all times when in our facility or participating in our programs. We expect persons using the YMCA to act maturely, behave responsibly, and respect the rights and dignity of others. Our Member's Code of Conduct outlines prohibited behavior, but the actions listed below are not an all-inclusive list considered inappropriate in our facilities or programs:

- o Using or possessing alcohol or illegal chemicals on YMCA property
- o Smoking in the YMCA facility
- o Carrying or concealing a weapon or any device or object that may be used as a weapon
- o Use of cell phones in the YMCA's shower and locker room areas
- o Use of any video/picture taking equipment, including camera phones, in YMCA's shower rooms, locker rooms, and fitness center area
- o Harassment or intimidation by words, gestures, body language, or any type of menacing behavior
- o Physical contact with another person in an angry, aggressive or threatening way
- o Verbally abusive behavior, including angry or vulgar language, swearing, name-calling, or shouting
- o Sexually explicit conversation or behavior: any sexual contact with another person
- o Inappropriate, immodest, or sexually revealing attire
- o Theft or behavior that results in the destruction or loss of property
- o Loitering within or on the grounds of the YMCA

I have read and understand the YMCA Code of Conduct:

Signature

Date

AGREEMENT

In addition, the YMCA reserves the right to deny access or membership to any person who has been accused or convicted of any crime involving sexual abuse, is or has been a registered sex offender, has ever been convicted of any offense relating to the use, sale, possession, or transportation of narcotics or habit forming and/or dangerous drugs, or is presently or habitually under the influence of dangerous drugs or chemicals, narcotics, or intoxicating beverages.

Members and guests are encouraged to take responsibility for their personal comfort and safety by asking any person whose behavior threatens their comfort to refrain from such behavior. Anyone who feels uncomfortable in confronting a person directly should report the behavior to a staff member on duty. YMCA staff members are eager to be of assistance. Members and guests should not hesitate to notify a staff member if assistance is needed. In order to be able to carry out these policies, we ask that members and guests identify themselves to staff when asked.

- o Suspension or termination of YMCA membership privileges may result from a determination by the CEO if in his/her discretion a violation of the YMCA Member's Code of Conduct has occurred.
- o Membership cards remain the property of the YMCA and must be surrendered upon demand of the YMCA.
- o All fees paid for membership including Joining Fees are non-refundable.
- o The YMCA also has my permission to photograph or tape myself, spouse and child(ren) while participating in YMCA activities.

LIABILITY

THIS IS A RELEASE AND WAIVER OF LIABILITY ("RELEASE") RELATING TO ACTIVITIES OFFERED BY THE YMCA OF CENTRE COUNTY ("YMCA"). PLEASE READ IT CAREFULLY. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE YMCA EXECUTIVE STAFF. BY SIGNING THIS RELEASE, IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN ACTIVITIES OFFERED BY THE YMCA, I UNDERSTAND, ACKNOWLEDGE, APPRECIATE AND AGREE TO THE FOLLOWING:

1. YMCA activities can be strenuous and dangerous. There is always a risk of injury from any physical activities, which can be significant and include the potential for serious personal injury or death. While rules, equipment, personal discipline and supervision are intended to reduce this risk, this risk nonetheless exists.
2. I, for myself and/or my child(ren), knowingly and freely assume, all risks, both known and unknown, even if arising from the negligence of the YMCA and any of its officers, directors, members, employees, volunteers, agents, representatives, contractors, affiliates, successors and assigns, or the other participants in the activities (individually, a "Releasee" and collectively, the "Releasees"), and assume all responsibility for damages or injuries to person (including death or disability) or property, arising out of my participation or my child(ren)'s participation in YMCA activities. I take full responsibility for my welfare and safety and my child(ren)'s welfare and safety in the course of participation in YMCA activities. I hereby give permission for the YMCA staff to administer emergency medical treatment as deemed appropriate. Further, I agree that I have consulted with a physician, or have been advised that I should consult a physician, before enrolling myself or my child(ren) in YMCA activities.
3. I, for myself and/or my child(ren), and our respective heirs, personal representatives, and assigns, do hereby:
 - a. release the Releasees from, and agree not to sue the Releasees for, liability for damages or injuries to person (including death or disability) or property, to the fullest extent permitted by law, regardless of whether arising from the negligence of any Releasees, which may arise from or relate to my and/or my child(ren)'s participation or involvement in YMCA activities, and/or from the administration of first aid, treatment or assistance provided by the YMCA or any Releasee.
 - b. agree to indemnify and hold the Releasees harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys' fees, with respect to any and all damages or injuries to person (including death or disability) or property, to the fullest extent permitted by law, regardless of whether arising from the negligence of any Releasees, which may arise from my and/or my child(ren)'s participation or involvement in YMCA activities, and/or from the administration of first aid, treatment or assistance provided by the YMCA or any Releasee.
 - c. consent to be photographed by the YMCA, and to allow the YMCA's use of photographs of myself and/or my child(ren), at its discretion.
4. This Release is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Pennsylvania. If any portion of this Release is held invalid, the balance of the Release shall nonetheless continue in full legal force and effect.

HAVING READ, UNDERSTOOD, AND AGREED WITH ITS TERMS, I, HAVE EXECUTED THIS RELEASE ON THE DATE SET FORTH BELOW, TO BE EFFECTIVE IMMEDIATELY.

Applicant or Parent/Legal Guardian Signature

Date