



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# HERE FOR GOOD



## YMCA OF STEUBEN COUNTY MEMBER APPLICATION

### OUR MISSION:

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

#### For Short Term Membership:

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

Was termination date set? Y N

Staff Initials: \_\_\_\_\_

Member Last Name \_\_\_\_\_

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

Membership Type: \_\_\_\_\_

Discount Group: \_\_\_\_\_

Silver S # \_\_\_\_\_

Staff Initials: \_\_\_\_\_

## 1. MEMBERSHIP INFORMATION:

Type of Membership Applying For:

Adult   Single Family   Family

Youth   Senior   Senior H/W   Y. Adult

SilverSneaker   Other \_\_\_\_\_

## 2. PERSONAL INFORMATION:

Primary Applicant:

Name \_\_\_\_\_

Gender: M   F   Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

## 3. ADDITIONAL MEMBERS IN HOUSEHOLD (ON MEMBERSHIP):

Name	Relationship	Birth Date	Gender

## 4. MEDICAL INFORMATION:

Please List Any:

Medical Problems \_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Dr. / phone \_\_\_\_\_

## 5. AREAS OF INTEREST: (CIRCLE ALL THAT APPLY)

Aerobics

Child Care

Family Recreation

Coaching

Spinning

Fundraising

Strength Training

Camp

Board Member

Volunteering

Sr. Programs

Aquatics

## 6. FINANCIAL INFORMATION :

Circle Desired Payment Cycle:    **Monthly....Semi-Annually.... Yearly** (yearly no join fee)

### Credit/Debit Card:

Draft Date:     1st                    15th

Name On Card \_\_\_\_\_

Card Type \_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

### Checking/Savings Account:

Draft Date:     1st                    15th

Name on Account \_\_\_\_\_

Financial Institution \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

### Authorization for Automatic Bank Draft (Initial each line):


\_\_\_\_\_ I understand that is a continuous membership plan with a minimum of 12 months and will remain in effect for as long as I retain the YMCA of Steuben County Membership.

\_\_\_\_\_ I understand that if I wish to terminate after a minimum of 12 months or change my membership in any way, I must give the YMCA of Steuben County a 30 day written notice.

\_\_\_\_\_ The YMCA of Steuben County may, at it's discretion, adjust the monthly rate applicable to my membership category once per year. I understand that the YMCA will give me a 30 day written notice before any such changes.

\_\_\_\_\_ Should any membership deductions not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of \$25.00 applied by the YMCA of Steuben County. This is in addition to any service fee the bank may make. I understand that it is my responsibility to notify the YMCA of Steuben County in writing should I change my financial institution and/or account at any time.

This Authorization remains in effect until the YMCA of Steuben County has received a 30 day written notice from me indication my desire to discontinue my membership after a minimum of 12 months.

 Signature \_\_\_\_\_ Date \_\_\_\_\_

## 7. LIABILITY FORM:

### YMCA of Steuben County, Inc. Y MEMBERSHIP AND PROGRAM PARTICIPATION

#### AGREEMENT AND RELEASE OF LIABILITY

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA of Steuben County, Inc. and to use its facilities, equipment and machinery in addition to the payment of any fee or charge. I do hereby waive, release and forever discharge the YMCA of Steuben County, Inc. and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damage resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facility or arising out of my participation in any activities in said facility. I do hereby release all of those mentioned and any other acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA of Steuben County, Inc. or other locations at which the YMCA of Steuben County, Inc. is performing activities. I also will indemnify and hold harmless the YMCA of Steuben County, Inc. for any claims that arise from the use of the facilities by myself or the aforementioned child or children.

**X** Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
2nd Adult \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Child/Children's Name \_\_\_\_\_ (Member/Participant or Guardian)

---

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activity. I also understand that fitness activities involve risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury or death. I also will indemnify and hold harmless the YMCA of Steuben County, Inc. for any claims that arise from the use of the facilities by myself or the aforementioned child or children.

**X** Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
2nd Adult \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Child/Children's Name \_\_\_\_\_ (Member/Participant or Guardian)

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of the YMCA of Steuben County, Inc. or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and the use of exercise and training equipment so that I might have recommendations concerning these physical activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and or use of equipment or machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities and utilization of equipment and machinery in my activities. I also will indemnify and hold harmless the YMCA of Steuben County, Inc. for any claims that arise from the use of the facilities by myself or the aforementioned child or children.

**X** Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
2nd Adult \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Child/Children's Name \_\_\_\_\_ (Member/Participant or Guardian)

## 8. CODE OF CONDUCT:

The YMCA of Steuben County is committed to providing a safe and welcoming environment for all members and guest. To promote safety and comfort for all, all individuals are required to act appropriately at all times when in our facility or participating in our programs.

We expect persons using the Y to act maturely, to behave responsibly, and to respect the rights and dignity of others. Our Code of Conduct outline prohibited action, but the actions listed below is *NOT* an all-inclusive list of behaviors considered inappropriate in our facilities or programs.

- Using or possessing alcohol or illegal chemicals on the Y property, in Y vehicles, or at Y sponsored events.
- Smoking on Y property- the Y is a smoke-free environment.
- Carrying or concealing a weapon or any device or object that may be used as a weapon.
- Harassment or intimidation by words, gestures, body language, or any type of menacing behavior.
- Physical contact with another person in an angry aggressive or threatening way.
- Verbally abusive behavior, including angry or vulgar language, swearing, name-calling or shouting.
- Sexually explicit conversation or behavior; any inappropriate contact with another person.
- Inappropriate, immodest or revealing attire
- Theft or behavior that result in the destruction or loss of property

In addition, the Y 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 been convicted of any offences related to the use, sale, possession, or transportation of narcotize or habit-forming and /or dangerous drugs, or is presently habitually under the influence of dangerous drugs or chemicals, narcotics or intoxicating beverages. 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.


Members and guest 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 feel uncomfortable in confronting a person directly should report the behavior to a staff person.

Video recorders, cameras, or other visual recording devices, are not allowed within the YMCA without the permission of the Executive Director.

Y staff members are eager to be of assistance. Members and guest should not hesitate to notify a staff member if assistance is needed.

In order to carry out these policies, we ask that members and guest identify themselves to staff when asked.

The Executive Director will investigate all reported incidents. Suspension or termination of the Y membership or privileges may result from a determination made by the Executive Director if in their discretion a violation of the YMCA of Steuben County Code of Conduct has occurred.

 Print \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_  
2nd Adult \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_  
Children \_\_\_\_\_