



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# MEMBERSHIP ASSISTANCE PROGRAM



## YMCA OF STEUBEN COUNTY

### OUR MISSION:

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

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

Renewal: (circle one) Y or N

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

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

Approval%: \_\_\_\_\_

Monthly Fee: \_\_\_\_\_

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

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

## 1. MEMBERSHIP INFORMATION:

Type of Membership Applying For:

Adult Family Y. Adult Single Family

Youth Senior Senior H/W

## 2. PERSONAL INFORMATION:

Primary Applicant:

Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

## 3. ADDITIONAL MEMBERS IN HOUSEHOLD:

| Name | Relationship | Birth Date | Gender | Check if applying for assistance |
|------|--------------|------------|--------|----------------------------------|
|      |              |            |        |                                  |
|      |              |            |        |                                  |
|      |              |            |        |                                  |
|      |              |            |        |                                  |

## 4. EMERGENCY CONTACT:

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

Medical Conditions \_\_\_\_\_ Medications \_\_\_\_\_

## 5. EMPLOYMENT/SCHOOL STATUS: (CIRCLE ALL THAT APPLY)

**Applicant:**

Employed Full Time

Employed Part Time

Full Time Student

Part Time Student

Unemployed

Retired

Employer: \_\_\_\_\_

**2nd Adult in Household:**

Employed Full Time

Employed Part Time

Full Time Student

Part Time Student

Unemployed

Retired

Employer: \_\_\_\_\_

## 6. FINANCIAL INFORMATION:

In order for your application to be processed, you must provide copies of verification of all sources of household income. Please provide all that apply:

- Most recent paycheck stub for all wage earners
- Most recent W-2 form for all wage earners
- Most recent bank statement
- Current SSI/ Disability documentation
- Verification of public aid/ food stamps
- Proof of any other sources of income not listed

Please list all monthly amount received in each category and attached verification.

|  |                 |
|--|-----------------|
| Applicant gross monthly income from wages and tips:    | \$ _____        |
| Second adult gross monthly income from wages and tips: | \$ _____        |
| Social Security and Disability Benefits:               | \$ _____        |
| SNAP (Food Stamps):                                    | \$ _____        |
| Unemployment:  | \$ _____        |
| Child Support:   | \$ _____        |
| Other Income not listed above (Alimony, etc.)          | \$ _____        |
| <b>Total Monthly Income:</b>                           | <b>\$ _____</b> |

## 7. PERSONAL LETTER:

Write or type a personal, letter to the YMCA with the following information:

- One paragraph describing the need for assistance ( i.e. single parent household, employment situation, unusual expenses).
- One paragraph describing the benefit of your past YMCA experience and /or anticipated benefits from membership.

\* Application will not be considered if letter is not provided.

## 8. THIS APPLICATION MUST BE REVIEWED EVERY 6 MONTHS

I certify that the information provided in this application is true and complete to the best of my knowledge; and I agree to abide by the Y core values of Caring, Honesty, Respect and Responsibility. I understand that if my application is accepted, and I choose to enroll, that I will be responsible for all payments within my 6 month membership.

X

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

## 9. LIABILITY FORM:

### YMCA OF STEUBEN COUNTY, INC.

#### 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 Name \_\_\_\_\_ 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 Name \_\_\_\_\_ 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 Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Child/Children's Name \_\_\_\_\_ (Member/Participant or Guardian)

## 10. 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.

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.

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

**STOP**

## 11. SCHOLARSHIP BANK DRAFT INFORMATION :

\*\*\*This form should be filled out only AFTER your membership has been approved!\*\*\*

Circle Desired Payment Cycle:    **Monthly .....** **Semi-Annually**

### 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 6 month membership and it remain in effect for as long as I retain the YMCA of Steuben County Membership.

\_\_\_\_\_ I understand that I can not terminate this membership early or change my membership in any way.

\_\_\_\_\_ 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 terminates my membership after 6 months of the start date.

**X**

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