FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF THE PRAIRIE Terms & Conditions

1. In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA 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 and its officers, agents, employees, representatives, executors, volunteers, and all others from any and all responsibilities or liability for injuries or damages resulting from my or my family's participation in any YMCA activities at said facility or off the facility premises in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment of the YMCA.
2. Further, I hereby grant full permission to any and all of the foregoing to use, re-use, publish, and republish the same, in whole or part, individually, or in conjunction with other photographs, in any medium and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion and advertising and trade, television and multimedia and to use my name in conjunction therewith if the YMCA chooses of me participating in any and all YMCA activities and/or events for any publicity and/or promotional purposes without obligation or liability to me.
3. I declare, for any minor(s) and myself that I/he/she/we is/are physically able to participate in the activities of the YMCA OF THE PRAIRIE.
4. I agree to adhere to all policies set by the YMCA as written. I also agree to notify the YMCA of any change in bank information or employment that would affect my payment procedure.
5. I understand that membership cards are nontransferable and that loaning this card may subject the owner to loss of privileges. The cost is $5 for a replacement card.
6. I understand that a membership category may change due to age or school enrollment status and that this change may affect the membership rate.
7. I understand that any person who supports the YMCA's purpose may become a member of this corporation, in accordance with such provisions as may be established by the board of directors, and shall so continue to be a member unless the Board or its authorized agent concludes in its sole discretion, that a member has failed to live up to the standards and commitments of being a member of this YMCA. The YMCA has the right to terminate my YMCA privileges. The YMCA has the right to terminate YMCA privileges anytime if: it appears that you are taking actions or doing things that are contrary to the YMCA's mission, or it appears that you are involved in criminal acts or you are acting in ways that disrupt the YMCA's operations.

❑ **I have read a copy of the Member Handbook on the YMCA website, and I agree to the terms. A hard copy of the handbook is available upon request.**

I have read the information provided in this application and certify my compliance with my signature below.

Signed: _____ Date: _____
(Signature of applicant or parent/guardian if a minor)

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BE A MEMBER OF SOMETHING SPECIAL

YMCA OF THE PRAIRIE Membership Application

Membership in the Y is special. Be part of a leading nonprofit organization focused on youth development, healthy living and social responsibility.

DON SJOGREN COMMUNITY YMCA ORTHMAN COMMUNITY YMCA YMCA AT GOTHENBURG HEALTH

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YMCA OF THE PRAIRIE E-Pay Form

Authorization Agreement for Automatic ACH Payments to the YMCA's account at First National Bank of Holdrege

Member's Name:_____ Phone Number:_____

Monthly Payment Amount $_____

Please choose either the 1st or 15th day of the month for your draft. This authorization remains in effect for one year. After one year, the plan continues unless you give the YMCA 30 days written notice and return any membership card or cards you may have.

❑ 1st day of the month beginning _____ • ❑ 15th day of the month beginning _____

I authorize First National Bank of Holdrege to debit from the account indicated on the selected day and month above. This authority will remain in effect until I have cancelled it in writing with 30 days notice.

Signature:_____ Date:_____

Member's E-Pay Account Information (Monthly Membership Payment)

Please select one of the following automatic payment options:

❑ **Bank Draft** (voided check) or ❑ **Credit Card/Debit Card**

❑ **E-Wallet Information:** Please select the box if you would like to be able to draft YMCA purchases (program registrations, merchandise, etc.) from your bank account or credit/debit card on file.

Should any membership deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment. If the payment is returned, it will be redrafted one time at no charge. If the payment is returned a second time, I will be responsible for a service charge of no more than $20 applied by the YMCA. This is in addition to any service fee my bank may make. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and or account at any time. I understand that the YMCA Board may, at its discretion, adjust the monthly rate applicable to my membership category and that I will receive at least four weeks notice prior to any such change in my membership fee. I understand that if I/we cancel our membership for any reason, I/we will have to repay the joining fee each time I/we rejoin the YMCA.

Member's Initials _____

Please attach a voided check or copy of the credit/debit card from the account(s) indicated above.

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YMCA at Gothenburg Health Membership Application

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

No Person Denied: Any person may belong to the YMCA regardless of income or family situation.
Membership Assistance is available. Please ask a YMCA staff member for more details.

Membership Type:

❑ **Youth** (age 11–18) • $20 monthly

❑ **Adult** (age 19–64) • $25 monthly

❑ **Golden** (age 80+) • FREE

❑ **Family** • $38 monthly (Two adults living in the same household and legal dependents as defined by the IRS. The Nebraska Reciprocal YMCA Agreement does not include college students, who will need to purchase a membership at the Y they plan to visit. Once children are out of college and on their own, they no longer are included in a family membership.)

❑ **65+ Couple** • $31.50 monthly

❑ **Adult 65+** • $20.50 monthly

There is a $40 membership joining fee also due at the time of sign-up.

Member Information:

Billable Member (Please list parent or guardian information here if purchasing a Youth Membership)

Name:_____ • M / F • Birthdate:_____ • Phone:_____

E-mail:_____ • Ethnicity:_____

Address:_____ City:_____ State:_____ Zip:_____

Cell Phone:_____ • Work Phone:_____ • Employer:_____

Emergency Contact:_____ • Emergency Contact Number:_____

Family Membership Information (complete if purchasing family membership)

Status	Family Member's Full Name	Gender	Birth Date	Ethnicity	E-mail	Phone
Adult / Child		M / F				
Adult / Child		M / F				
Adult / Child		M / F				
Adult / Child		M / F				
Adult / Child		M / F				
Adult / Child		M / F				
Adult / Child		M / F				

• Staff Initials_____

DON SJOGREN COMMUNITY YMCA ORTHMAN COMMUNITY YMCA YMCA AT GOTHENBURG HEALTH