



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Don Sjogren Community YMCA Membership Application

1. Please Check Box of Membership Type			2. Circle Rate Desired		
Membership Type <small>(Financial Assistance for YMCA Membership is available for qualified applicants)</small>	*Join Fee		YMCA Monthly	YMCA Annual	CrossFit (\$55) + YMCA Monthly <small>(Includes CrossFit for 1 participant add \$20 ea. add'l participant)</small>
<input type="checkbox"/> Family (2 adults in same household & legal dependents under age 24)	\$40	<input type="checkbox"/>	\$62	\$744	\$117
<input type="checkbox"/> Adult (age 19-64)	\$40	<input type="checkbox"/>	\$41	\$492	\$96
<input type="checkbox"/> Youth (age 5-18)	\$40	<input type="checkbox"/>	\$23	\$276	\$78 (age 14+)
<input type="checkbox"/> Adult 65+ (age 65+)	\$40	<input type="checkbox"/>	\$36	\$432	\$91
<input type="checkbox"/> 65+ Couple (2 adults, one is age 65+)	\$40	<input type="checkbox"/>	\$52	\$624	\$107
<input type="checkbox"/> Golden (age 80+)	---	<input type="checkbox"/>	FREE	FREE	\$55

*A one-time Join Fee in addition to prorate membership amount is due at time of sign up

If Corporate Account, Employer Name _____

3. Member Information (Registered sex offenders are prohibited from Y property; all members are screened against the National Offender Database.)

Adult First Name _____ Last Name _____ Ethnicity _____

___ Male ___ Female Date of Birth ___/___/___ Employer: _____

2nd Adult First Name _____ Last Name _____ Ethnicity _____

___ Male ___ Female Date of Birth ___/___/___ Employer: _____

Address: _____ City, St. Zip: _____

Phone #: _____ E-mail Address: _____

Emergency Contact _____ Phone Number _____

Dependent Children's Name (Use Back if needed)	M/F	Date of Birth	Ethnicity

4. **Would you like to donate to our Annual Support Campaign?** ___yes ___no
- One Time donation added to first month's membership draft: \$ _____
 - Recurring monthly donation added to monthly membership draft: \$ _____
 - I would like to be contacted during the annual campaign in November: yes / no
5. **Payment information:** ___ Annual Membership ___ 1st of month draft ___ 15th of month draft
6. **Monthly Draft Information:** Signing below authorizes a recurring draft from the account requested. **30-day cancellation notice is required to stop monthly draft and to cancel membership.** If your account does not have sufficient funds available or is declined when the Y charge attempts to clear and is returned unpaid, an additional returned payment fee of \$30 will be charged.
7. **Areas of Interest**
- ___Aerobics-Group Ex. ___Aquatics ___Childcare ___Fundraising
- ___Family Programs ___Senior Programs ___Sports ___Strength Training
- ___Summer Camp ___Youth Activities ___Volunteerism

Terms & Conditions:

- 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 fee or charge, I do hereby waive, release, and forever discharge the YMCA, its staff, and representatives from any and all responsibilities or liability for injuries or damages resulting from my or my family's participation in any YMCA activities on and off the premises in any way out of or connected with my participation in any activities of the YMCA or the use of any equipment of the YMCA.
- Further, I hereby grant full permission to any and all of the foregoing to use, re-use, publish and republish photographs 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 publicity and/or promotional purposes without obligation or liability to me.
- I declare, for any minor(s) and myself that I/we are physically able to participate in the activities of the YMCA OF THE PRAIRIE.
- 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.
- 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.
- I understand that a membership category may change due to age or school enrollment status and that this change may affect the membership rate. YMCA Membership Rates may change with 30 day Notice.
- 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 YMA 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.
- By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.
- By signing this I understand that I agree with the above terms.

Signature _____ Date _____ YMCA Staff initials _____