

Membership Application



Staff: _____	Date: _____	Verified: _____
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Primary Member (Information must be filled out by parent/guardian (18+) for Youth Membership)

Membership Type: _____

First Name: _____ Last Name: _____

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

Phone Number: _____

Email: _____ D.O.B. : ____/____/____ Gender: ____

Emergency Contact: First: _____ Last: _____

Phone Number: _____

Joining Fee is waived if membership is paid in full. Please understand that all purchases are final and no refunds can be issued.

Adult 2 (if signing up for Family or Senior Couple)

First Name: _____ Last Name: _____

Phone Number: _____ D.O.B. : ____/____/____ Gender: ____

Family Membership Participants: *If over 18, must be in school to stay on membership.	M/F	Date Of Birth	Relationship
Child			
Child			
Child			
Child			
Child			

Ligonier Valley YMCA Policies

- ◆ YMCA programs and memberships are open to all individuals regardless of race, religion, color, national origin, handicap, age, or gender except as provided by the law. The YMCA is also an equal opportunity employer.
- ◆ The YMCA is committed to serving all people regardless of their ability to pay.
- ◆ Any changes made to a membership, such as cancellations, must be done by the 25th of the previous month to accurately reflect changes in the monthly draft. This must be submitted in writing.
- ◆ There can be no videos or photography without consent.
- ◆ Memberships are prorated. The day of the month you join will determine your first month's fees.
- ◆ Family membership is defined as 2 adults in a household with dependent children. Once a child turns 18, they are no longer eligible for the family membership (unless in school) and must get an adult membership.
- ◆ The Ligonier Valley YMCA considers membership and program fees non-refundable. If the YMCA cancels a program, we issue credits/refunds in full.
- ◆ If a participant cancels program enrollment prior to the start date, the YMCA issues a system CREDIT, minus a 25% processing fee. We issue no credits/refunds once a program has begun.
- ◆ In cases of medical emergencies, the YMCA issues a refund for remaining classes when presented with verification from a licensed physician.

I have read and understood the above information _____
Member Signature

I. Annual Payment Agreement:

I have chosen to join the Ligonier Valley YMCA for an annual period and have elected to pay for my annual membership by cash, check, or credit card. I understand that membership dues are non-refundable. I understand that my membership will expire on ____ / ____ / ____, unless I have renewed my membership on or prior to the expiration date.

Member Signature: _____ **Date:** ____ / ____ / ____

II. Monthly Payment Agreement: I have chosen to join the Ligonier Valley YMCA on a monthly basis as follows: (Please check one of the options below)

Monthly Bank Draft- Membership dues are automatically withdrawn on a monthly basis from your checking or savings account via Electronic Funds Transfer (EFT). Bank Drafts are ongoing and will continue until written notice is received by the YMCA no less than **14 days in advance of the next scheduled draft. Bank Drafts occur on the 15th of each month.** I understand the my first bank draft will occur on the 15th.

Recurring Credit Card- Membership dues are automatically charged on a monthly basis to your American Express, Discover, Mastercard, or Visa. Recurring credit card charges are ongoing and will continue until written notice is received by the YMCA no less than **14 days in advance of the next scheduled draft. Credit Card charges occur on the 15th of each month.** I understand that my first credit card charge will occur on the 15th.

Authorized Signature: _____ **Date:** ____ / ____ / ____

III. Bank Draft and Credit Card Charge Policies:

- ◆ I understand a **\$25.00 service fee** is charged on all returned checks, automatic bank drafts, and credit card charges which are not honored by my financial institution **for any reason.**
- ◆ I understand that I must notify the YMCA regarding any billing problems or discrepancies within 60 days after they first appear on my account statement. **If such billing problems are not brought to the attention of the YMCA within 60 days, I waive the right to dispute such discrepancies.**
- ◆ In granting this authorization, I understand that membership dues may change and the monthly amount deducted from my account can be changed without a signed authorization. I understand any such changes will be sent to my last known address on file at the YMCA, a minimum of 30 days in advance.
- ◆ I understand that it is my responsibility to inform the YMCA of changes to my name, address, telephone number, and payment information. **Failure to provide the YMCA with current information will result in non-refundable charges.**

IV. Membership Cancellations: Memberships are not transferrable to another person or another YMCA. Any outstanding balances will be due at the time of termination. You are liable for any fees that the YMCA may incur in its effort to collect any remaining outstanding balance due.

V. Conditions of Membership: All members are required to present a current valid membership card for identification when using the facilities and programs.

VI. Hold Harmless Statement: Member specifically assumes all risks of injury arising out of his or her presence on or about the premises, or his or her use or intended use of equipment, or facilities, or his or her participation in the activities on or about the premises and does hereby for himself or herself, his or her heirs, executors and administrators waive, release and agree to hold free from all claims for damages, the Ligonier Valley YMCA and its representative officers, directors, Board of Directors, Trustees, members, employees, or agents.

I HAVE READ, UNDERSTAND, AND AGREE WITH THE PAYMENT AGREEMENT, BANK DRAFT AND CREDIT CARD CHARGE POLICIES, MEMBERSHIP CANCELLATIONS, CONDITIONS OF MEMBERSHIP, AND HOLD HARMLESS STATEMENT. IN ADDITION, I UNDERSTAND AND AGREE THAT THE CONDITIONS OF MEMBERSHIP AND THE HOLD HARMLESS STATEMENT ARE IN EFFECT THROUGHOUT MY MEMBERSHIP WITH THE LIGONIER VALLEY YMCA. I ALSO UNDERSTAND AND AGREE THAT IF THE MEMBERSHIP IS INTERRUPTED FOR ANY REASON THESE AGREEMENTS WILL REMAIN IN EFFECT DURING THE PERIOD OF INTERRUPTION AS WELL AS AFTER THE MEMBERSHIP IS REINSTATED.

Member Signature

____ / ____ / ____
Date

Staff Signature

____ / ____ / ____
Date

Code of Conduct for Members: Ligonier Valley YMCA

The Ligonier Valley YMCA, as an organization, is committed to the principals of caring, respect for others, personal responsibility, integrity, and honesty. Members are expected to reflect these values in their personal conduct towards staff and other members. The Ligonier Valley YMCA does not tolerate inappropriate, threatening, or harassing behavior, including, but not limited to:

- ◆ Use of profanity
- ◆ Destruction of property
- ◆ Theft
- ◆ Video or photography without prior consent
- ◆ Being in the possession of or under the influence of alcohol or drugs
- ◆ Sexual misconduct
- ◆ Disorderly conduct
- ◆ Physical fights
- ◆ Verbal or other forms of harassment
- ◆ Selling or promoting products and services without YMCA authorization
- ◆ Any behavior that is determined to be unacceptable by the YMCA and detrimental to those who we serve

I understand that such conduct will be grounds for the immediate suspension or termination of membership and no refund will be issued.

Member Signature

PHOTO RELEASE: I consent to the taking and using of still photography and/or motion pictures or me or my family for use of magazines, television, newspapers, etc. and to the non-commercial use of such photographs or motions pictures. I understand that the YMCA has no control over and is not responsible for the content in such publications and broadcasts.

I hereby waive payment or royalties for the exhibition or showing of photographs or motion pictures and/or the use of information provided by me. The YMCA will post signs when professional photographers or TV crews are on site so members have the option to avoid their images being utilized.

Initial

/ /
Date

TERMS AND CONDITIONS

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.

I agree to abide by the rules and regulations of the YMCA, which are designed for the enjoyment of all its members. The protection of members and guests who are utilizing the YMCA is of paramount concern to the YMCA. We reserve the right to deny access of membership to any person whose behavior is determined to be in conflict with the welfare and safety of other members and/or staff. This includes a person who is a registered sexual offender; has plead guilty to or been convicted of any crime involving sexual abuse; or a crime against persons such as a child, spousal, or parental abuse. It will also include any offense related to the sale or transportation of illegal, habit forming or dangerous drugs; is presently clearly under the influence of intoxicating beverages or behavior modifying drugs. This code of conduct does not permit language or any action that can hurt or frighten another person or that falls below a generally accepted standard of conduct. This includes inappropriate attire, angry or vulgar language, physical contact with another person in an angry or threatening way, any demonstration of sexual contact or activity, harassment or intimidation by words, gestures, body language, or any other menacing behavior, theft or behavior resulting in destruction of property. Parents are held responsible for the behavior of their children.

INFORMED CONSENT/LIABILITY WAIVER AGREEMENT

I/We, the undersigned, realize that there may be medical risks associated with physical exercise, the use of this facility, or use of equipment within the facility. I/We also recognize that the YMCA cannot evaluate my/our physical abilities and medical limitations as they pertain to participation in programs, to use the facilities, or use of equipment within the facility. I/WE THEREFORE ASSUME ALL RESPONSIBILITY FOR HAVING A THOUROUGH MEDICAL EXAMINATION PERFORMED, BY A MEDICAL PRACTITIONER OF MY/OUR CHOICE, BEFORE PARTICIPATING IN ANY PROGRAMS AND PRIOR TO USING THE FACILITIES OR EQUIPMENT WITHIN YMCA FACILITIES.

Furthermore, in consideration of my/our participation in the activities of the YMCA and its respective officers, employees and members, including but not limited to its or their own negligence, and do hereby for myself/ourselves, heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I/We may have or which may hereafter accrue to me arising out of or connected with my participation in any of the activities of the YMCA, use of its facilities, or use of equipment within its facilities; provided, however, that the hold harmless agreement, and waiver, release and discharge contained in this paragraph shall not apply to my/our participation in any of YMCA’s childcare services.

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of YMCA’s 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 use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

I, the undersigned, have read, understand and agree to the above.

Signature of applicant

____/____/____
Date