



YMCA OF CENTRE COUNTY MEMBERSHIP APPLICATION & PROGRAM PARTICIPANT INFORMATION FORM

Bellefonte
 Moshannon Valley
 State College
 Penns Valley Program Center

Membership Type:
 Youth (Ages 0-17)
 One Parent Family
 Student
 Silver Sneakers
 Adult (Age 18-61)
 Senior (Age 62+)
 Partner/Couple
 Senior Family
 Family (couple + children)
 Other _____

*Family Memberships include adult(s) w/dependents up to age 18; includes full-time students through age 25 (proof of status required)

Payment Method:
 Annual (one payment/year)
 Monthly (automatic checking, savings or credit card drafts)

PLEASE PRINT LEGIBLY

PRIMARY /1ST ADULT'S INFORMATION (complete for all membership types, including Youth)

First Name		MI	Last Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Race <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other				
Mailing Address		PO Box	Apartment Number	
City		State	Zip	
Home Phone		Cell Phone		
E-mail				
Employer		Work Address		
Work Phone		City	State	Zip
Emergency Contact for Primary Adult				
First Name		Last Name	Phone	

2ND ADULT'S INFORMATION (for family memberships only)

First Name		MI	Last Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Race <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other				
Cell Phone		E-mail		
Employer		Work Address		
Work Phone		City	State	Zip
Emergency Contact for 2nd Adult				
First Name		Last Name	Phone	

CHILDREN'S INFORMATION (for family & youth memberships only)

First Name	MI	Last Name	Date of Birth	Gender M F
First Name	MI	Last Name	Date of Birth	Gender M F
First Name	MI	Last Name	Date of Birth	Gender M F
First Name	MI	Last Name	Date of Birth	Gender M F
First Name	MI	Last Name	Date of Birth	Gender M F

ID Number	
Last Name	
First Name	
MI	
Member Type	
Expiration Date	

The YMCA is committed to serving people of all ages, races, religions, and economic levels.

By answering all questions, you will help us meet this goal.

The information is confidential and will not be used for any other purposes.

MEDICAL – Please list any medical problems for each individual that we should be aware of in case of an emergency:

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Please check areas of interest

	Self	Spouse	Kids
Aerobics/Group Exercise			
Strength Training			
Personal Training			
Youth Sports			
Adult Sports			
Summer Day Camp			
Rock Climbing			
School Age Child Care			
Parent/Child Programs			
Teen Activities			
Youth Programs			
Aquatics			
Senior Programming			

Household Income

- 0 –13,999
- 14,000–24,999
- 25,000–39,999
- 40,000–74,999
- 75,000 and over

How did you hear about the YMCA?

- Radio
- Newspaper/Magazine
- YMCA Website
- Employer
- Television
- YMCA Member
- Social Media
- Other (list below):
- Flyer
- Mailing
- Medical Referral
- Email

Would you like to contribute to the Annual Giving Campaign?

- Yes No

This Section is for YMCA Use Only

Date	Action / Comments	Processed By
	Original Entry/Set-up in Daxko Operations	
	Screen All Members Through Appropriate Channels	
	Photo Taken & Key Tag Issued	
	Back-office: Review & Verification of Setup	

THIS SECTION IS FOR THE AUTHORIZATION OF MONTHLY EFTs OR CREDIT/DEBIT CARD DRAFTS ONLY

AUTHORIZATION TO THE YMCA: I have given my authority to the bank /credit card company named below to honor preauthorized EFT/charge drawn by the YMCA on my account on the 1st of every month. It is understood that the YMCA's transmission of a preauthorized draft to the bank as payment becomes due shall constitute valid notice of such payment due on the above-named activity. When the bank honors the draft by charging my account, such draft shall constitute my receipt for the payment. I also acknowledge the following:

The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership at any time. I understand that I will receive at least thirty (30) days notice prior to any such change.	Initial Here:
Monthly memberships are a continuous membership plan. I understand that my membership will remain in effect until I initiate its cancellation. Memberships can be cancelled at any time, without additional charges, by contacting the YMCA via email or completing a cancellation form in-person at the front desk BEFORE the scheduled draft date.	Initial Here:
Should any draft not be honored by my bank for any reason, I realize that those funds, plus a service charge of \$25 will be applied to my membership account and that facility usage will be suspended until dues are paid. The YMCA service charge is in addition to any service fee my bank may charge. I understand it is my responsibility to notify the YMCA of any change in address, bank account information (if utilizing bank draft for payment of dues) or credit card information/expiration date (if utilizing credit card for payment of dues).	Initial Here:
After one unpaid draft, the YMCA will immediately terminate my membership until I have brought all payments up to date.	Initial Here:
I understand that I must complete a change form at the front desk if I wish to change my membership type.	Initial Here:
I authorize the Y to charge my bank account/credit card _____ on the 1 st of every month effective _____. Prorated amount due today: _____	Initial Here:

I choose to utilize the EFT option (monthly direct debits from my checking savings account)

Bank Name _____ Name on Account _____
 Routing/Transit Number _____ Account Number _____
 Authorized Signature _____ Date _____

~OR~

I choose to utilize the Credit /Debit Card Payment option (automatic monthly charges to credit card)

Credit Card Type Visa MasterCard American Express Discover
 Card Holder Name _____ Card Holder Street Address & Zip _____
 Card Number (last 4 digits) _____ Expiration Date _____
 Authorized Signature _____ Date _____

CODE OF CONDUCT

The YMCA is committed to providing a safe and welcoming environment for all members and guests. To promote safety and comfort for all, individuals are asked to act appropriately at all times when in our facility or participating in our programs. We expect persons using the YMCA to act maturely, behave responsibly, and respect the rights and dignity of others. Our Member's Code of Conduct outlines prohibited behavior, but the actions listed below are not an all-inclusive list considered inappropriate in our facilities or programs:

- Using or possessing alcohol or illegal chemicals on YMCA property
- Smoking in the YMCA facility
- Carrying or concealing a weapon or any device or object that may be used as a weapon
- Use of cell phones in the YMCA's shower and locker room areas
- Use of any video/picture taking equipment, including camera phones, in YMCA's shower rooms, locker rooms, and fitness center area
- 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 sexual contact with another person
- Inappropriate, immodest, or sexually revealing attire
- Theft or behavior that results in the destruction or loss of property
- Loitering within or on the grounds of the YMCA

I have read and understand the YMCA Code of Conduct:

_____ Signature _____ Date

MEMBERSHIP AGREEMENT

In addition, the YMCA 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 ever been convicted of any offense relating to the use, sale, possession, or transportation of narcotics or habit forming and/or dangerous drugs, or is presently or habitually under the influence of dangerous drugs or chemicals, narcotics, or intoxicating beverages.

Members and guests 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 feels uncomfortable in confronting a person directly should report the behavior to a staff member on duty. YMCA staff members are eager to be of assistance. Members and guests should not hesitate to notify a staff member if assistance is needed. In order to be able to carry out these policies, we ask that members and guests identify themselves to staff when asked.

- Suspension or termination of YMCA membership privileges may result from a determination by the CEO if, in his/her discretion, a violation of the YMCA Member Code of Conduct has occurred.
- Membership cards remain the property of the YMCA and must be surrendered upon request.
- All fees paid for membership, including joiner's fees, are non-refundable.
- The YMCA has my permission to photograph or tape myself, spouse, or child(ren) while participating in YMCA activities, and use those photos for marketing purposes.

RELEASE AND WAIVER OF LIABILITY

THIS IS A RELEASE AND WAIVER OF LIABILITY ("RELEASE") RELATING TO ACTIVITIES OFFERED BY THE YMCA OF CENTRE COUNTY ("YMCA"). PLEASE READ IT CAREFULLY. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE YMCA EXECUTIVE STAFF. BY SIGNING THIS RELEASE, IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN ACTIVITIES OFFERED BY THE YMCA, I UNDERSTAND, ACKNOWLEDGE, APPRECIATE AND AGREE TO THE FOLLOWING:

1. YMCA activities can be strenuous and dangerous. There is always a risk of injury from any physical activities, which can be significant and include the potential for serious personal injury or death. While rules, equipment, personal discipline and supervision are intended to reduce this risk, this risk nonetheless exists.
2. I, for myself and/or my child(ren), knowingly and freely assume, all risks, both known and unknown, even if arising from the negligence of the YMCA and any of its officers, directors, members, employees, volunteers, agents, representatives, contractors, affiliates, successors and assigns, or the other participants in the activities (individually, a "Releasee" and collectively, the "Releasees"), and assume all responsibility for damages or injuries to person (including death or disability) or property, arising out of my participation or my child(ren)'s participation in YMCA activities. I take full responsibility for my welfare and safety and my child(ren)'s welfare and safety in the course of participation in YMCA activities. I hereby give permission for the YMCA staff to administer emergency medical treatment as deemed appropriate. Further, I agree that I have consulted with a physician, or have been advised that I should consult a physician, before enrolling myself or my child(ren) in YMCA activities.
3. I, for myself and/or my child(ren), and our respective heirs, personal representatives, and assigns, do hereby:
 - a. release the Releasees from, and agree not to sue the Releasees for, liability for damages or injuries to person (including death or disability) or property, to the fullest extent permitted by law, regardless of whether arising from the negligence of any Releasees, which may arise from or relate to my and/or my child(ren)'s participation or involvement in YMCA activities, and/or from the administration of first aid, treatment or assistance provided by the YMCA or any Releasee.
 - b. agree to indemnify and hold the Releasees harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys' fees, with respect to any and all damages or injuries to person (including death or disability) or property, to the fullest extent permitted by law, regardless of whether arising from the negligence of any Releasees, which may arise from my and/or my child(ren)'s participation or involvement in YMCA activities, and/or from the administration of first aid, treatment or assistance provided by the YMCA or any Releasee.
 - c. consent to be photographed by the YMCA, and to allow the YMCA's use of photographs of myself and/or my child(ren), at its discretion.
4. This Release is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Pennsylvania. If any portion of this Release is held invalid, the balance of the Release shall nonetheless continue in full legal force and effect.

HAVING READ, UNDERSTOOD, AND AGREED WITH THE MEMBERSHIP AGREEMENT AND RELEASE AND WAIVER OF LIABILITY, I HAVE EXECUTED THIS RELEASE ON THE DATE SET FORTH BELOW, TO BE EFFECTIVE IMMEDIATELY.

Applicant or Parent/Legal Guardian Signature

Date