



Last Name: \_\_\_\_\_

Member ID \_\_\_\_\_

## Welcome to the Gateway Region YMCA!

☐ Member ☐ Guest ☐ Program ☐ Tour

Preferred Branch: \_\_\_\_\_

### Primary Contact Information (Adult 18+)

_____ Primary Adult First Name	_____ Primary Adult Last Name	____/____/____ Date of Birth	<input type="radio"/> M <input type="radio"/> F Legal Sex (Required)	_____ Gender Identity (Optional)	
_____ Home Address	_____ City	_____ State	_____ Zip	_____ Primary Phone Number	_____ Primary Email Address
_____ Employer	_____ Emergency Contact Name	_____ Relationship		_____ Emergency Contact Phone Number	

Household Members	Date of Birth	Legal Sex (Required)	Gender Identity (Optional)	Race/Ethnicity	Additional Communication Email or Phone
-------------------	---------------	----------------------	----------------------------	----------------	-----------------------------------------

First Name (and Last if different)	Date of Birth	Legal Sex (Required)	Gender Identity (Optional)	Race/Ethnicity	Additional Communication Email or Phone
Additional Adult 02.					
Dependents 03.					
04.					
05.					
06.					
07.					

### Background Information

As a non-profit organization, supported by the United Way, this information is confidential and strictly for reporting purposes for annual funding resources.

#### Ethnicity/Race:

- ☐ African-American ☐ Hawaiian/Pacific Islander  
☐ Asian ☐ Hispanic/Latino  
☐ Bi/Multi-Racial ☐ Native American/Alaska Native  
☐ Caucasian ☐ Other \_\_\_\_\_

#### Annual Income:

- ☐ \$0 - \$9,999 ☐ \$30,000 - \$49,999  
☐ \$10,000 - \$14,999 ☐ \$50,000 - \$99,999  
☐ \$15,000 - \$19,999 ☐ \$100,000+  
☐ \$20,000 - \$29,999 ☐ I do not wish to provide this information

### Areas of Interest (please select all that apply)

- ☐ Child Care ☐ Other ☐ Volunteering  
☐ Day Camp ☐ Personal Training ☐ Water Fitness  
☐ Family Programs ☐ Senior Programs ☐ Youth Programs  
☐ Healthy Living ☐ Teen Activities

## CONDITIONS OF FACILITY ACCESS

The Y reserves the right to cancel a membership at any time. Any member, guest, or applicant whose actions are not deemed to be in the best interests of the organization may have their membership or application denied.

**MEMBER'S RESPONSIBILITY IN CONNECTION WITH USE OF THE FACILITY:** You (each member of your family and all guests) should consult with a physician before using our services and facilities. You agree that you will not use the facilities with any medical condition, including open cuts, abrasions, sores, infections, maladies or inability to maintain personal hygiene, if such condition poses a direct threat to yourself or to others. It is our goal to provide services to ALL in our community. If using Child Watch or other programs, please provide a copy of a current IEP/BMP/504 Student Accommodation Plan. Although every effort is made to provide reasonable accommodations, there may be instances where a participant's needs may exceed the parameters of the scope of the requested service/program. Failure to comply with this agreement could result in suspension or termination of membership privileges.

**ASSUMPTION OF RISK:** You (each family member and guests) agree that if you engage in any physical exercise or activity, use any of the branch facilities or enter the premises of the branch you do so at your own risk. This includes, without limitation, your use of the locker room, any pool, whirlpool, sauna, steam room, or any equipment within the branch and your participation in any activity, class, program or instruction as well as your use of or presence on the parking area or sidewalk. You agree that you are voluntarily participating in these activities. You assume all risk of injury or the risk of contraction of any illness or medical condition that might result, or any damage, loss or theft of any personal property.

**PHOTOGRAPH & VIDEO RELEASE:** For adequate sufficient consideration the receipt of which is hereby acknowledged, the applicant(s) hereby gives permission for the YMCA to use, without limitation, photographs, film footage or tape recordings which may include the applicant(s) image or voice for purposes of promoting or interpreting YMCA programs.

**SEX OFFENDER REGISTRY:** 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.

**NATIONWIDE MEMBERSHIP ACCESS:** 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.

**WAIVER AND RELEASE OF LIABILITY:** In return for use of the facilities of or entry on the premises of the branch, you agree on behalf of yourself (and each family member and guest) to not sue and to release from any and all liability the Gateway Region YMCA (and our affiliates, employees, agents, representative, successors and assigns) from any and all claims or causes of action (known or unknown) arising out of negligence of the Gateway Region YMCA. This waiver of release and liability includes, but is not limited to, injuries which may occur as a result of (a) Your use of any exercise equipment or facilities, which may malfunction or break; (b) Our improper maintenance of any exercise equipment or facilities, which may malfunction or break; (c) Our NEGLIGENCE instruction or supervision; (d) Your slipping and falling while in the branch or on the premises including parking areas and sidewalks.

**INDEMNIFICATION AND HOLD HARMLESS:** You further agree that You WILL INDEMNIFY AND HOLD HARMLESS THE GATEWAY REGION YMCA THEIR OFFICERS, AGENTS, AND EMPLOYEES, from any loss, liability, damages or cost of any kind that THE YMCA may incur as the result of any injury to yourself or to any member of your family even if it is contended that any such injury was caused by NEGLIGENCE of the part of the Gateway Region YMCA.

Primary Adult (printed name)

Signature

Date

2nd Adult (printed name if applicable)

Signature

Date

### PAYMENT AUTHORIZATION

**Payment Type:**    Checking    Savings    Debit/Credit Card

**Name (as it appears on the billing method):** \_\_\_\_\_

**Monthly Payment Date:**    1st   or 15th

**Last four digits of account/card:**    \_\_\_\_    \_\_\_\_    \_\_\_\_    \_\_\_\_

**Billing Address (if different than Home):** \_\_\_\_\_

**Monthly Draft Amount:** \_\_\_\_\_

I/(We) authorize and request the Gateway Region YMCA to charge my/(our) checking/savings or credit/debit card account for my/(our) monthly fee. I/(We) further authorize the financial institution to process these fees. I/(We) understand that Gains Full Service Billing will be the Y's third-party payment processor. I further understand that Gains is authorized to assist with resolving all declined membership dues, programs, and childcare payments and they may contact me on behalf of the Y to attempt to collect an owed balance and/or update my billing information. I/(We) understand fees are non-refundable and non-transferable. **If for any reason, a payment is not honored by the financial institution, a return fee will be charged on any returned transaction. I realize I am still responsible for my payment, including the return fee applied by the Y. This is in addition to any service fee my/(our) financial institution may charge.** Additional attempts will be made automatically to recover the original balance, and the return fee, and the Y/Gains will notify me/(us) of any issues. The Y will add no additional return fees to my account for additional returns on the same item. Unpaid balances will result in suspension or termination of my/(our) service. I/(We) understand charges are continuous, and it is my/(our) responsibility to notify the Y in person to discontinue my/(our) services and automatic payments. **Charges are not dependent on usage. I/(We) understand cancellations/changes must be submitted in writing on or before the 20th of the month prior to my/(our) next draft date.** If I/(we) notice a discrepancy on my/(our) statement, I/(we) will notify the Y promptly. I/(We) understand refunds are not issued for discrepancies after 90 days. A copy of our most up to date payment authorization is available at gwrymca.org/billing.

Payment Authorization Signature (Must be at least 18 years of age)

Date

### OFFICE USE ONLY:

#### Office Checklist:

#### NOTES:

Staff Name: \_\_\_\_\_

Amount: \_\_\_\_\_

Discount Award Amount: \_\_\_\_\_

O Tour/Interview Complete

O Mobile app set up

Branch: \_\_\_\_\_

Member Type: \_\_\_\_\_

O ID & Sex Offender Registry

O Billing Method Collected

Join Date: \_\_\_\_\_

Corporate Code: \_\_\_\_\_

O Verify Duplicates in Database

O MyFitness Scheduled