



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEETING ROOM RESERVATION OPTIONS

Meeting Room Rentals (3 rooms & 1 kitchen available)

Multipurpose room 1 Capacity: 40 guests **maximum** (kitchen available)

Multipurpose room 2 Capacity: 40 guests **maximum**

Multipurpose room 3 Capacity: 50 guests **maximum**

Commercial Kitchen includes sinks, refrigerator, oven, gas stove.

Availability

Monday - Thursday: 12 p.m. - 8 p.m.

Friday: 12 p.m. - 7 p.m.

Saturday: 10 a.m. - 7 p.m.

Sunday: 12 p.m. - 5 p.m.

Pricing (All fees due at time of booking)

Member: \$30/hour per room - (2 hours minimum)

Non-Member: \$45/hour per room - (2 hours minimum)

Kitchen (optional w/MP1): \$25/day

Required Processing Fee: \$25/reservation (NON-REFUNDABLE)

A \$50 late fee will be charged to the card on file in the event the participants don't vacate the room at the end of their rental time.

Email tina.sullivan@gwrymca.org or call 636-343-0067 for additional information.

*Please allow 48 hours for a response.



Date Rec'd: _____ Time Rec'd: _____

Meeting Room Reservation Application

*Please allow 48 hours for a response.

I. Contact information

Renter's Name: _____ Phone Number: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____ Birthday ____/____/____

Emergency Contact Name: _____ Phone: _____

Member Type: (Check that applies)

- Current YMCA Member
- Non YMCA Member - **Please complete the attached guest application**

II. Event information

Room:

- Multipurpose Room 1
 - Kitchen (optional) \$25 fee
 - Multipurpose Room 2
 - Multipurpose Room 3
 - Processing Fee (non-refundable) \$25
- Event Date: ____/____/____
 Expected Attendance: _____
 Start Time: _____ End Time: _____
 Type of Event: _____

III. Payment

Credit Card:

- MC
- Visa
- AmEx

Name on the Card: _____

Card Number: _____

Expiration: ____/____ CVV: _____

IV. Staff Only

Rental Total: \$ _____

Date Paid: _____

- HK - SU
- RB
- GC
- CFL



Meeting Room Rental Reservations

Room	Cost per Hour member non-member 2 hour minimum	Fees (non-refundable)	Payment Due	Capacity
Multipurpose 1	\$30.00 / \$45.00	\$25 processing	time of booking	40 people
Kitchen	\$25/day with MP1		time of booking	
Multipurpose 2	\$30.00 / \$45.00	\$25 processing	time of booking	40 people
Multipurpose 3	\$30.00 / \$45.00	\$25 processing	time of booking	50 people

A Facility Reservation Application must be completed and all event details approved by the YMCA.

The above rental fees are for multipurpose rooms and restrooms only. Guests do not have access to any other YMCA amenities including pool, gym, fitness rooms, fitness center and track. Renters and event guests WILL NOT be eligible for day passes on the day of the event. Room availability varies depending on YMCA program commitments. A late fee will be applied in the event the participants don't vacate the room at the end of their rental time. Initial

Building Reservation Policies & Rules

- I. **INTRODUCTION:** This policy explains the specific regulations under which the RiverChase YMCA shall make its facilities and equipment available for usage by non-YMCA groups.
- II. **PREAMBLE**
 - A. **MISSION:** The mission of the RiverChase YMCA is to put Christian principles into practice through programs that build healthy spirit, mind and body for all.
 - B. **BASIC PURPOSE OF BUILDING AND FACILITIES:** The RiverChase YMCA conceives its buildings and facilities as vital instruments in accomplishing its mission in the development of sound character, good citizenship and Christian principles. This helps us focus on Youth Development, Healthy Living and Social Responsibility.
- III. **CERTIFICATE OF INSURANCE**
If you plan to hire a party entertainer, you must have approval from YMCA Management and provide a certificate of insurance liability naming the Gateway Region YMCA as additionally insured in the amount of at least one million dollars must accompany the signed rental application and building reservation policy form. The reservation will not be made without this document.
- IV. **PRIMARY USE:** The facilities and equipment of the RiverChase YMCA are first and foremost for the use of regularly sponsored YMCA programs and services. When its facilities are not in use by its members, the YMCA, at its discretion, may make certain equipment and facilities available to non-YMCA groups.



V. **SUPERVISION:**

- A. Each group shall be responsible for the conduct of their participants, with a competent leader not less than twenty-five (25) years of age as the responsible person. Initial _____
- B. Youth groups are required to have adult supervision (1 adult per 10 youth).
- C. Co-ed groups are required to have both male and female adults on hand.

Initial _____ (I have read, understand and agree to the above terms under Supervision.) Initial _____ (I have read, understand and agree to the above terms under Supervision.)

VI. **RESERVATIONS:**

- A. Reservations for the use of the facilities shall be made in advance on the official application form. This application should include a detailed description of event activities that will be included in the approval process. This application must be submitted and signed by the responsible adult leader or officer of each group, with the appropriate security deposit.
- B. All reservations must be approved by the designated YMCA personnel.
- C. To qualify for member rate, the person responsible must be an active member in good standing and accept full reservation responsibility as outlined in this document. Initial _____
- D. Renter must provide payment information for the incidentals.
- E. The appropriate non-refundable processing fee is required with every application.
- F. In case of cancellation caused by an Act of God, such as storms, flood, etc., all fees shall be refunded except for any actual expenses incurred by the YMCA.
- G. Deposit may be transferable for a new reservation date 14 days in advance for up to three months out from original reservation date according to availability.
- H. No event items may be dropped off or stored in the lobby or hallways prior to rental.
- I. To rent the RiverChase YMCA for private events, persons must be in good financial standing according to Daxko Operation database user history.
- J. A late fee (\$50/hour) will be applied in the event the participants don't vacate the room at the end of their rental time. Initial _____ Fee is based hourly - no pro-rate fee.
- K. Cancellations are required in writing at least 14 days in advance. Initial _____
- L. Conduct detrimental to the purpose of the YMCA, such as gambling, profane language, fights, abusive behavior or the use of drugs or alcohol is prohibited. Persons violating the rules of conduct will be expelled and, in the sole discretion of the YMCA Staff, the event will be terminated immediately.
- M. **Rates are subject to change without notice.**

Initial _____ (I have read, understand and agree to the above terms under reservations.)

VII. **LOSS OF PERSONAL PROPERTY:**

The YMCA assumes no responsibility for personal property brought into the building.

Initial _____ (I have read, understand and agree to the above terms under loss of personal property.)

VIII. **PUBLICITY:**

Use of the facilities does not imply endorsement or sponsorship of the event by the YMCA. Therefore, publicity must be designed in such a way that no suggestion of endorsement and/or sponsorship is implied. **All such publicity shall be cleared with the Executive Director of the YMCA.**

Initial _____ (I have read, understand and agree to the above terms under publicity.)



IX. **REQUIREMENTS FOR CLEAN-UP:**

- A. **CLEAN-UP IS THE RENTER'S RESPONSIBILITY.** The facility will be left in the same general appearance as it was found. Kitchen must be clean and no food or dishes are to be left anywhere in the kitchen. Trash cans will be provided to assist in the clean-up efforts, which **your group will need to complete prior to the end of the rental time**, as stipulated in the contract. Failure to leave the facility in the same general appearance will incur a fee of \$25 or more. Initial _____
- B. **The person or persons in charge of the group shall be responsible for all loss or damage to the facilities and/or equipment caused by the group.**

Initial _____ (I have read, understand and agree to the above terms under requirements for clean-up.)

X. **DECORATIONS:**

Decorations for an event may be used under the following conditions.

- A. All decorations must meet local fire regulations, which are:
 - i. All materials must be fire-resistant
 - ii. No paper of any kind around light bulbs
 - iii. No open flame is permitted (candles are allowed for birthday cakes)
 - iv. No Fryers are allowed for any reason
 - v. No Food/Beverage with red or black dye.
- B. Confetti, Glitter and Silly String and other decorations smaller than a quarter are not permitted.
- C. Permission must be obtained from a YMCA director before any decorations are used.
- D. Nails, thumbtacks and scotch tape are **NOT TO BE USED** on any surface of the building.
- E. All decorations must be completely removed immediately following the event.

Initial _____ (I have read, understand and agree to the above terms decorations.)

XI. **MISCELLANEOUS:**

- A. Food and drink are limited to multipurpose rooms **ONLY**.
- B. Smoking/vaping is PROHIBITED on the YMCA premises. This includes the parking lot. **No exceptions.**
- C. Alcoholic beverages and glass is PROHIBITED on the YMCA premises. This includes the parking lot. **No exceptions.**

Initial _____ (I have read, understand and agree to the above terms under miscellaneous.)

I have read, understand and agree to the above policies of the RiverChase YMCA. I understand I am responsible for all guests that attend my event.

Full Name of Contact Person (please print)

Signed Name of Contact Person

Date

***Please allow 48 hours for a response.**



Name:	Date:	Room:
Time:	Number Expected:	Event:
<p align="center">Multi-Purpose 1 40 people Max 5 round tables max 6-8 chairs per table</p>	<p align="center">Multi-Purpose 2 40 people Max 5 round tables max 6-8 chairs per table</p>	<p align="center">Multi-Purpose 3 50 People Max 6 round tables max 6-8 chairs per table</p>
<p>Kitchen</p> <p>Projection Screen</p>		

Renters will be given standard set up unless requested otherwise

X _____
 (Signature)



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
 M 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

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
 \$10,000 - \$14,999
 \$15,000 - \$19,999
 \$20,000 - \$29,999
 \$30,000 - \$49,999
 \$50,000 - \$99,999
 \$100,000+
 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 NEGLIGENT 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 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: _____	<input type="checkbox"/> Tour/Interview Complete	<input type="checkbox"/> Mobile app set up
Branch: _____	Member Type: _____	<input type="checkbox"/> ID & Sex Offender Registry	<input type="checkbox"/> Billing Method Collected	
Join Date: _____	Corporate Code: _____	<input type="checkbox"/> Verify Duplicates in Database	<input type="checkbox"/> MyFitness Scheduled	