

# SIOUX FALLS FAMILY YMCA

## MEMBERSHIP APPLICATION

Update: 12/2017



LAST NAME:

FIRST NAME:

DATE:

### CONTACT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address Street \_\_\_\_\_ PO Box/Apt# \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender (circle): M F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

E-mail is the YMCA's primary mode of communication with members. We do not share our e-mail list with other businesses.

### FAMILY INFORMATION

Adult/Spouse/Children Name(s)	Sex (M/F)	Age	Birth Date	Relationship	Employer/School
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					
7. _____					

List additional names on back

### MEMBERSHIP TYPE (check one)

Adult (age 19+)     
  Couple     
  Family

STAFF:  Single   
  Couple   
  Family   
  Other:

### MEMBER SAFETY SCREENING

**YMCA POLICY:** 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. Answering either of the below questions falsely will result in immediate termination of membership.

1. **Have you or anyone listed above been convicted of a sexual crime?**      YES \_\_\_ NO \_\_\_

2. **Have you or anyone listed above been convicted of a felony involving violence or drug possession within the past 7 years?**      YES \_\_\_ NO \_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### ANNUAL SUPPORT CAMPAIGN-Charitable Giving

The YMCA is committed to never turning anyone away due to inability to pay. Your contribution helps us provide program support and financial assistance to families who need it. If you would like to give to the YMCA Annual Support Campaign, please mark your choice below:

- I would like to give \$\_\_\_\_\_ as a one-time contribution.
  - I would like to give \$\_\_\_\_\_ to be included with my monthly membership payment.
- (Both options are tax deductible.)

### RELEASE and WAIVER of LIABILITY

In consideration of my activities at the Sioux Falls Family YMCA, or activities done off-site through the Sioux Falls Family YMCA, I do, for myself, others listed on this application, my heirs, executors and administrators, waive any and all claims for damages for any injury to myself or others listed on this application, which I/we may have sustained arising out of or connected with such participation and I release and discharge the Sioux Falls Family YMCA, its members, officers, employees or agents from any and all liability whatsoever arising out of or connected with such participation.

I hereby declare myself and those listed on this application, to be physically sound having medical approval to participate in the activities of the Sioux Falls Family YMCA.

### MEMBERSHIP TERMS and AGREEMENTS

It is my/our responsibility to conduct my/our personal affairs in a manner that affirms the mission of the YMCA and follows the YMCA Member Code of Conduct. I authorize the YMCA to deduct payments automatically on the **3<sup>rd</sup> of every month** through a checking or savings account. The payments will continue to be deducted each month thereafter until membership has been **cancelled by you with a 30-day written notice or by the YMCA.**

- If your check or ACH is not honored by the bank for any reason, your payment amount will be collected by a 3<sup>rd</sup> party electronically along with an NSF service fee.
- A 30-day written cancellation notification to the YMCA is required to cancel membership, we cannot cancel memberships over the phone.
- Membership and joining fees are non-refundable and non-transferable.
- Please check your statements regularly and if you notice a discrepancy in your bank draft, notify us promptly. Refunds are not issued for discrepancies over 90 days.
- Lack of use of the YMCA does not relieve member from the financial responsibility of monthly dues payments. We reserve the right to terminate a membership at any time.

**By signing, I agree that I have read, understand and agree to the content contained within this YMCA membership application.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### STAFF USE ONLY

Join Date: ____/____/____	Pro-rated Amount Due: _____	Dept.: _____ FT: __ PT: __
Draft Date: <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 18 <sup>th</sup>	Total Amount Collected: _____	HR: _____ Date: _____
<input type="checkbox"/> Monthly-Dues <input type="checkbox"/> Annual <input type="checkbox"/> Short Term	Sold By Staff: _____	Child Care Enroll: _____
		Y-Club: Family: __ Youth: __