

MEMBERSHIP APPLICATION

CAMBRIDGE AREA YMCA FAMILY CENTER



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WHO WE ARE: The Cambridge Area YMCA Family Center has proudly been serving the Guernsey County area since 1948. As a community-based charitable and collaborative organization that is volunteer-driven, the YMCA derives its strength from its community roots and strong volunteers. Everyone is welcome to apply regardless of race, age, gender, sexual orientation, national origin, economic level, or disability. Our programs and our staff are committed to demonstrating the Y core values: *CARING, HONESTY, RESPECT, RESPONSIBILITY, AND FAITH*. The Y provides a variety of programs and services designed to help you *strengthen your spirit, sharpen your mind, and build your body*. Personal training, childcare, yoga, group exercise classes, weight management, youth sports, and swim lessons are just a part of what you will find at your local YMCA. The Y maintains a Membership Code of Ethics.

Scholarship Financial assistance is available. The YMCA's Financial Assistance Program provides subsidized rates on a sliding income-based scale modeled on an Ohio Job and Family Services paradigm. Financial Assistance Applications are available at the Y Front Desk or online at www.cambridgeymcaoh.com.

MEMBERSHIP TYPE							
<i>Circle Membership Type:</i> Monthly Quarterly Semi-annual Annual (cash or check options) Corporate <i>Circle Membership Billing Method:</i> EFT Credit Card (all monthly, quarterly, and semi-annual dues require automatic draft) <i>Circle Membership Draft Date:</i> 1st 15th <i>Circle Membership Category:</i> Youth Two Sibling Youth Young Adult Adult Family Single Parent Family Senior Senior Family							
PRIMARY ADULT						<input type="radio"/> Check ID	
Legal First Name	M. I.	Legal Last Name	Date of Birth	Gender		M or F	
Home Address			City	State	Zip code		
Cell Phone	Alternate Phone	Email Address		Marital Status		M / S / D	
Employer Name		Emergency Contact Name		Emergency Contact Phone Number			
Have you ever been a YMCA member? Circle one: Yes No		Set Up Recurring Monthly Charitable Donation supporting Scholarship Financial Assistance - Circle One: \$1.00 \$5.00 \$10.00 Other _____			OR One-Time Donation Amount: _____		
SECONDARY ADULT						<input type="radio"/> Check ID	
Legal First Name	M.I.	Legal Last Name	Date of Birth	Gender		M or F	
Home Address			City	State	Zip Code		
Cell Phone	Alternate Phone	Email Address		Marital Status		M / S / D	
Employer Name		Emergency Contact Name		Emergency Contact Phone Number			
DEPENDENTS UNDER 18 YEARS OF AGE (25 IF FULL-TIME STUDENT LIVING AT HOME)							
Please list any children you would like to add to your membership. They must be claimed on your income tax return and reside at the same address to be eligible.							
Legal First Name	M.I.	Legal Last Name	Relationship	Gender	Date of Birth	Age	Student (Y/N)

To build strong kids, strong families, and strong communities by providing educational, social, and physical education programs focusing on life skills, citizenship, character development, and health.



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ASSUMPTION OF RISK WAIVER AND RELEASE OF ALL CLAIMS

I RECOGNIZE AND AKNOWLEDGE THERE ARE CERTAIN RISKS OF PHYSICAL INJURY TO PARTICIPATE IN THE ACTIVITIES AND VOLUNTARILY AGREE TO ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE OR LOSS, REGARDLESS OF SEVERITY, THAT MY MINOR CHILD/WARD OR I MAY SUSTAIN FROM MY AND/OR MY CHILD/WARD'S PRESCENCE IN, UPON, OR ABOUT THE PREMISES OR WHILE USING OR OBSERVING THE PREMISES OR ANY FACILITIES OR EQUIPMENT OR PARTICIPATING IN ANY PROGRAM AFFILIATED WITH THE YMCA WITHOUT RESPECT TO LOCATION. I, FOR MYSELF, ANY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS, NEXT OF KIN, HEREBY FULLY RELEASE, WAIVE, DISCHARGE, AND COVENANT, NOT TO SUE THE CAMBRIDGE AREA YMCA FAMILY CENTER, THEIR RESPECTIVE OFFICERS, BOARD OF DIRECTORS, MEMBERS, VOLUNTEERS, EMPLOYEES, OR AGENTS (THE "RELEASES") AND EACH OF THEM FROM ANY AND ALL CLAIMS FOR INJURIES, DAMAGES OR LOSS THAT MY MINOR CHILD/WARD OR I MAY HAVE OR WHICH MAY ACCRUE TO MY MINOR CHILD/WARD OR TO ME FROM MINE OR MY CHILD/WARD'S PRESENCE IN, UPON, OR ABOUT THE PREMISES, OR WHILE USING OR OBSERVING THE PREMISES OR ANY FACILITIES OR EQUIPMENT IN ANY PARTICIPATING PROGRAM AFFILIATED WITH THE YMCA WITHOUT RESPECT TO LOCATION. I, HEREBY INDEMNIFY AND SAVE AND HOLD HARMLESS, THE RELEASES AND EACH OF THE THEM FROM ANY LOSS, LIABILITY, DAMAGE, OR COST THEY MAY INCUR FROM MY PRESENCE IN, UPON, OR ABOUT THE PREMISES OR WHILE USING OR OBSERVING THE PREMISE OR ANY FACILITIES OR EQUIPMENT, OR PARTICIPATING IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, AND WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE. I HEREBY AGREE THAT IN THE EVENT THAT REASONABLE ATTEMPTS TO CONTACT ME HAVE BEEN UNSUCCESSFUL, I HEREBY BY GIVE MY CONSENT FOR ANY MINORS NAMED ON THE APPLICATION TO BE TRANSFERRED TO ANY HOSPITAL REASONABLY ACCESSIBLE. FACTS CONCERNING THE MINOR'S MEDICAL HISTORY, INCLUDING ALLERGIES, MEDICATIONS BEING TAKEN, AND PHYSICAL IMPAIRMENT TO WHICH A PHYSICIAN SHOULD BE ALERTED:

PHOTO WAIVER

I UNDERSTAND THAT MY PHOTO, AS WELL AS ALL INDIVIDUALS LISTED ON THE MEMBERSHIP APPLICATION MAY BE TAKEN BY THE YMCA ON OCCASION, AND I HEREBY GRANT PERMISSION FOR MY NAME AND LIKENESS TO BE USED FOR ANY LEGITIMATE PURPOSE IN ANY MEDIA NOW AND HEREAFTER DEVELOPED BY THE YMCA.

ELECTRONIC FUNDS/BANK DRAFT (EFT) OR CREDIT CARD DRAFT AUTHORIZATION

I AUTHORIZE MY BANK TO HONOR PREAUTHORIZED BANK OR CREDIT DRAFTS AGAINST MY ACCOUNT FOR MEMBERSHIP (MEMBERSHIP/PROGRAM/CONTRIBUTION) PAYMENT AS INDICATED BELOW:
WHEN THE BANK HONORS THE EFT OR CREDIT CARD DRAFT BY CHARGING MY ACCOUNT, SUCH TRANSFER SHALL CONSTITUTE NOTICE OF PAYMENT DUE AND MY RECEIPT FOR THE PAYMENT. SHOULD ANY PREAUTHORIZED EFT OR CREDIT CARD DRAFT NOT BE HONORED BY SAID BANK WHEN RECEIVED BY THEM, THEN IT IS UNDERSTOOD THAT THE CAMBRIDGE AREA YMCA, AT ITS DISCRETION, MAY RE-SUBMIT THE AMOUNT DUE FOR PAYMENT ON A FUTURE DATE. Bank Draft Authorization: I (We) hereby authorize the Cambridge Area YMCA, herein called the YMCA, to initiate debits to the BANK institution or credit card company indicated below, herein after called BANK, to debit the amounts thereof to my account (checking or credit card account indicated below).

TERMS AND CONDITIONS OF MEMBERSHIP: PLEASE INITIAL

ALL MEMBERS ARE REQUIRED TO PRESENT A CURRENT, VALID MEMBERSHIP CARD FOR IDENTIFICATION WHEN USING THE YMCA'S FACILITIES AND PROGRAMS. I UNDERSTAND I MUST BRING MY MEMBERSHIP CARD EACH TIME I VISIT THE YMCA AND SWIPE IN TO GAIN ACCESS. REPLACEMENT CARDS ARE \$5.00 IF MY CARD IS LOST OR MISPLACED. MEMBERSHIP CARDS ARE NON-TRANSFERRABLE. JOINER FEES ARE NON-REFUNDABLE AND NON-TRANSFERRABLE. 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. AS A MEMBER OF THE YMCA YOU ARE AGREEING TO FOLLOW THE POLICIES, PROCEDURES, AND APPROPRIATE BEHAVIORS FOR THE SAFETY AND COMFORT OF ALL MEMBERS AND GUESTS.

A YMCA membership is understood to be a lifelong commitment to health and wellness; therefore, my membership will remain in effect until I terminate my membership in writing. The YMCA requires written confirmation to start a membership, to place a membership on hold, and to terminate a membership. I understand that when I wish to terminate my membership, I must give the YMCA a 30 day written notice and turn in ALL membership cards. This authority is to remain in full force and effect until the Y has received written notification of cancelation and/or modification 30 days prior to draft date. Written notification must be received Monday-Friday 8:00AM-3:00PM (Holidays not included).

I/We also understand and agree that there are no refunds or credits due to inclement weather, loss of utilities, unplanned emergency/building maintenance, act of God, or other incidents out of the Y's control.

The YMCA Board may, at it's discretion, adjust the monthly rate applicable to my membership category once per year.

There is a Capital Improvement Fund (CIF)/one-time tee at time of joining. The CIF is a one-time fee as long as I remain an active member of the Y. I understand that if I terminate my membership and wish to rejoin the Y, the CIF will be accessed when reactivating.

I have read and understand the YMCA Member Code of Conduct and agree to follow these guidelines while participating at the YMCA. As the primary member, I am responsible for relaying these guidelines to any other person(s) on the membership. The Member Code of Conduct can be found in the Membership Handbook and online at www.cambridgeymcaoh.com.

MY SIGNATURE BELOW IS ON BEHALF OF MYSELF AND MY HEIRS, ADMINISTRATORS, AND EXECUTORS. I/WE HAVE READ AND UNDERSTAND THE ASSUMPTION OF RISK WAIVER AND RELEASE OF ALL CALIMS, THE PHOTO WAIVER, ELECTRONIC FUNDS/BANK DRAFT (EFT) OR CREDIT CARD DRAFT AUTHORIZATION, AND TERMS AND CONDITIONS OF MEMBERSHIP AS STATED. IN ADDITION I/WE UNDERSTAND AND AGREE THAT ALL OF THE STATEMENTS ABOVE ARE IN EFFECT THROUGHOUT MY ENTIRE MEMBERSHIP WITH THE CAMBRIDGE AREA YMCA.

Member Signature

Date

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