



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

STREATOR FAMILY YMCA MEMBERSHIP APPLICATION

- Youth Young Adult Adult Senior
- Couple One Parent Household Two Parent Household

Mission

The mission of the YMCA is to put Christian principles into practice through programs that promote a healthy spirit, mind and body for all.

OFFICE USE ONLY:

- New Member Packet
 Photo ID Check
 Membership Photo Taken
 Wellness Coach Offered/Scheduled
 Member ID Given/Punched in

Membership Type: _____

Total Paid: _____

Staff Name: _____

Annual Campaign Gift: _____

Member ID: _____

Date Entered: _____

PRIMARY MEMBER

Name: _____ Gender: M F D.O.B: ___ / ___ / ___

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____ Ethnicity: _____

Employer Name: _____ Work Phone: () _____

2ND ADULT MEMBER (OR PARENT/GUARDIAN FOR APPLICANTS UNDER 18 YEARS OLD)

Name: _____ Gender: M F D.O.B: ___ / ___ / ___

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____ Ethnicity: _____

Employer Name: _____ Work Phone: () _____

DEPENDENTS (MUST BE LEGALLY DEPENDENT AND LIVING IN YOUR HOUSEHOLD)

Name: _____ Gender: M F D.O.B: ___ / ___ / ___

Name: _____ Gender: M F D.O.B: ___ / ___ / ___

Name: _____ Gender: M F D.O.B: ___ / ___ / ___

Name: _____ Gender: M F D.O.B: ___ / ___ / ___

Name: _____ Gender: M F D.O.B: ___ / ___ / ___

EMERGENCY CONTACT (OTHER THAN IN YOUR HOUSEHOLD)

Name: _____ Phone: () _____

MEDICAL INFORMATION

(Should you need medical attention)

ONLINE PROGRAM REGISTRATION

Email: _____ Password: _____

ANNUAL CAMPAIGN CONTRIBUTION

Your generous contributions to our annual sustaining campaign help support children and families in our community. I want to help those in need participate in YMCA activities through a gift to the YMCA.

Monthly Bank Draft of \$ _____ One Time Contribution of \$ _____ No Thanks

Signature: _____

Date: ___ / ___ / ___

SHORT TERM MEMBERSHIP CLAUSE (Disregard for all annual memberships)

I understand the anyone who is listed on this short term facility pass and who wishes to participate in YMCA programs and group exercise will have to register using the "participant" prices. This includes 1 month, 4 month, and any other short term promotion.

Signature: _____

Date: ___ / ___ / ___

BANK DRAFT 9 MONTH AGREEMENT (For bank draft members only)

I understand that by enrolling in the bank draft payment system, include corporate bank draft memberships, I must maintain my membership for at least 9 months from the opening date. I have been told by a YMCA employee about this agreement and agree to keep this membership for at least 9 months from my opening date. I also agree that if I cancel this membership before maintaining this account for 9 months that the Streator Family YMCA will debit a \$50 early cancellation fee from my bank account.

NSF Bank Draft Returns: I understand that I (we) will have my account debiting for \$25 for any NSF (overdraft) fee. I understand that should my membership payment be returned NSF, the Streator Family YMCA will send my payment through a second time to collect this membership payment.

Draft Cancellation: I understand that in order to cancel this membership (after my 9 month anniversary date), I must come to the Streator Family YMCA and sign a cancellation of bank draft signature card. It has been explained to me that the YMCA will need a two week processing period (card signed and returned by the 15th of the month) in order to cancel my bank draft the following month.

Signature: _____

Date: ___ / ___ / ___

CONDITIONS OF MEMBERSHIP

YMCA FINANCIAL ASSISTANCE: The Streator Family YMCA welcome people of all socioeconomic backgrounds. The Y makes every effort to ensure that no person, especially youth, be denied access to programs because of financial hardship.

MEMBER HEALTH: The applicant(s) represents that he/she is in physically sound condition and understand that participation in group exercise and other exercise, weight training, recreational sports and use of the pool and fitness equipment carry a potential risk of injury or illness. The applicant further understands that the Streator Family YMCA assumes no responsibility for any such injury or illness.

PROPERTY LOSS: The applicant(s) understand that the Y is not responsible for personal property lost, damaged or stolen while using the Y facility.

PHOTOGRAPH PERMISSION: The applicant(s) hereby gives permission for the Y to use, without limitation or obligation photographs, video footage, or tape recordings which maybe include the applicant(s) image or voice for purposes of promoting or interpreting the Y's mission.

INSURANCE: The applicant(s) understand that the Y does not provide any accident or health insurance for it's members or participants and further understands that it is the applicant's responsibility to provide such coverage.

MEDICAL TREATMENT: The applicant(s) give permission for the Y staff or volunteers to provide emergency first aid if deemed necessary.

SEX OFFENDER POLICY: The applicant(s) agree that any person under this membership does not appear on a county distributed list of convicted sex offenders. Individuals who appear on this list will be denied membership and program participation to the Y. Any individual on this list shall have the right to appear this denial to the YMCA Executive Board within 60 days of applying for a membership or program.

EMAIL: By providing your email above, the applicant(s) give the YMCA permission to send e-newsletters and other promotions, surveys, and program notices to their inbox.

SELLING OF GOODS: The selling of goods and services is strictly prohibited on YMCA property or program locations.

Signature: _____

Date: ___ / ___ / ___