



GREATER SCRANTON YMCA

Application for Facility Membership

DATE: _____

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

The YMCA is a membership organization open to all. Everyone is welcome to apply regardless of race, religion, age, gender, sexual orientation, national origin, economic level or disability. If you can't afford the full cost of membership, financial assistance is available to the extent possible.

MEMBERSHIP TYPE

- CHOOSE MEMBERSHIP TYPE: Active Older Adult (62+) Active Older Adult Family Adult (18-62)
- College Student Family* Youth (17 & under)
- Healthways Program Other _____

*Family memberships includes couples, single parent with child(ren) and two parents with child(ren). Children may stay on a Family Membership until the age of 23.

OPTIONAL FEES: Towel Service (\$10/month OR \$120 per year)

CHOOSE MEMBERSHIP FREQUENCY: Monthly E-Pay Annual Billing

PRIMARY BILLABLE MEMBER INFORMATION

CARD#:

LAST NAME	M.I.	FIRST NAME	DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
HOME ADDRESS		CITY	STATE	ZIP
HOME PHONE NUMBER	CELL PHONE/WORK PHONE/OTHER PHONE		EMPLOYER	
PRIMARY EMAIL			HEALTH PROGRAM ID (If Applicable)	

The Greater Scranton YMCA collects emails to keep the membership up-to-date. If you ever wish to stop receiving emails, please respond back to the email sent or hit the unsubscribe button in the email.

GENERAL INFORMATION

EMERGENCY CONTACT (REQUIRED. MUST RESIDE OUTSIDE OF HOUSEHOLD IF POSSIBLE)	RELATION TO PRIMARY MEMBER	PHONE NUMBER
HAVE YOU BEEN A MEMBER OF THE YMCA BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHERE _____		ARE YOU INTERESTED IN VOLUNTEERING? <input type="checkbox"/> YES <input type="checkbox"/> NO

SECONDARY ADULT (For Family Memberships ONLY)

CARD#:

LAST NAME	M.I.	FIRST NAME	PREFERRED NAME	DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
PRIMARY EMAIL					

DEPENDENTS & APPLICANTS UNDER 18 YEARS OF AGE (23 if full time student living at home; For Family Memberships ONLY)

FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER	CARD #

DEMOGRAPHIC INFORMATION (Optional)

1) Race/Ethnicity

1. Asian 5. White
 2. Black 6. Other _____
 3. Hispanic 7. Hawaiian/Pacific Islander
 4. Native American

2) Household Income Level

1. \$0-\$20,000 4. \$40,000-\$50,000
 2. \$20,000-\$30,000 5. \$50,000-\$100,000
 3. \$30,000-\$40,000 6. Over \$100,000

YMCA Membership Scholarship Support

Please consider a donation toward our Scholarship Program. This program allows members who may not be able to afford a full priced membership to the Y the chance to do so. It's very easy! Select any amount below... Please note, donations will continue to bill the account along with the membership monthly draft or annual billing. You can stop this donation at any time by calling the Y at 570-342-8115 and request a donation stop. Donation Stops must be submitted 30 days prior for all ePay memberships only.

CHOOSE FREQUENCY:

SELECT YOUR DONATION: \$5 \$10 \$25 \$50 OTHER _____ | ONE TIME ADD TO MONTHLY DRAFT BILLING

The Greater Scranton YMCA is a 501c3 nonprofit organization. All donations are tax deductible. No goods or services are provided in exchange for any donations.

We thank you for your support of the Y!

MONTHLY DRAFT PLAN (For monthly ePay members ONLY)

- I choose the 1st of each month —OR— 15th of each month for payment to be auto debited from my CHECKING —OR— CREDIT CARD
- My first monthly draft will be \$ _____ on or about the (next bill date) _____. *Payment may not come out exactly the 1st or 15th of the month due to banks and different processing methods and times.*
- Monthly Draft is a CONTINUOUS MEMBERSHIP and it will continue unless the YMCA is NOTIFIED IN WRITING 15 DAYS PRIOR TO NEXT DRAFT. A cancellation form may be picked up at the Member Services Desk. Cancellations will only occur once a form COMPLETED & SIGNED. Memberships may be placed on hold only for medical reasons. Appropriate paper work from your physician must be present at time of hold notification.
- Membership Fees are non-refundable and non-transferable.
- The YMCA Board of Directors, at its discretion, may adjust monthly rates applicable to my membership category. I understand that I will receive a 30 day notice prior to any rate change.
- Membership rates are based on age. If during your time here at the Y you become of age for a certain membership rate you will automatically be converted to the new rate. Please see our membership brochure for our current membership rates.
- I will notify the YMCA with any change to my account and/or banking or credit card information and am responsible for any charges occurred by not doing so. That includes, but not limited to, card number change, expiration date change, bank account/routing number change, phone number change, home address change, etc.
- Any returned or declined membership draft will automatically receive a **\$20 SERVICE CHARGE. THERE WILL BE NO EXCEPTIONS TO THIS.**

I understand that, should any transfer not be honored by my bank for any reason, I am responsible for that payment, PLUS any service fees assessed by the YMCA. This is in addition to any service fees assessed by my bank. I also understand that I/my family will be denied access to the facility until the balance due is paid. I also understand that refunds on memberships will not be given; ONLY in the event an account is charged after being terminated or if charged more than once.

Signature _____

Date _____

MEMBERSHIP WAIVER AND AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING: 1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location. 2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise. 3.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

PHOTO RELEASE: I grant to Greater Scranton YMCA the right to take photographs of me and my family, its assigns and transferees to use and publish the same in print and/or electronically. I agree that Greater Scranton YMCA may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

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.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, AS WELL AS PHOTO RELEASE AGREEMENT and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

MEMBER SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE (if under 18) _____

DATE _____

FOR OFFICE USE ONLY

MONTHLY PRORATED MEMBERSHIP FEE

\$ _____ +

—OR—

YEARLY MEMBERSHIP FEE

\$ _____ +

JOINER FEE \$ _____ +

OPTIONAL FEE(S) \$ _____ +

DONATION \$ _____ +

TOTAL PAID = _____

PAYMENT METHOD

CASH CREDIT/DEBIT CARD

CHECK # _____

STAFF MEMBER INITIALS _____