



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP FOR ALL

Membership & Program Support Application

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the YMCA of Bucyrus-Tiffin, Inc. ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our Annual Campaign Fund, the YMCA of Bucyrus-Tiffin, Inc. provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

Determining your level of support is handled by YMCA staff in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive membership or program support. YMCA members and program participants can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

Please Note:

- Support from our annual campaign fund reduces membership and program fees; it does not eliminate them.
- All support will be granted for 1 year.
- Membership and program fees are subject to change upon annual review.
- Subject to termination of membership if annual review is not completed.

www.bucyrustiffinymca.org



Membership & Program Support Application

APPLICANT INFORMATION

Name _____

Email _____

Mailing Address _____

City _____

State _____ ZIP Code _____

Home Phone () _____

Cell Phone () _____

ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark for each family member applying for assistance.

<input type="radio"/> Parent/Adult	DOB: _____
<input type="radio"/> Parent/Adult	DOB: _____
<input type="radio"/> Child	DOB: _____
<input type="radio"/> Child	DOB: _____
<input type="radio"/> Child	DOB: _____
<input type="radio"/> Child	DOB: _____
<input type="radio"/> Child	DOB: _____
<input type="radio"/> Child	DOB: _____

I AM APPLYING FOR

Check the category for which you are applying

MEMBERSHIP

- ADULT (19-59)
- HOUSEHOLD
- SENIOR
- SENIOR COUPLE

TO QUALIFY, PROVIDE THE FOLLOWING DOCUMENTS:

MONTHLY HOUSEHOLD INCOME:

\$ _____ Monthly Income
Paycheck (for all incomes in household)

\$ _____ Child Support Income

\$ _____ Supplemental Income
(Housing, food stamps, social security)

\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

ACCEPTABLE DOCUMENTS:

- Tax Return
- Pay Stubs for last 3 months
- W-2's
- Child Support Letter
- Social Security Awards Letter

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that subsidy assistance is based on need. In the event that I or my children must cancel our participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of person completing this form _____

Date _____

FOR MEMBERSHIP STAFF USE Date _____

You have been approved for _____ % off of Membership with a program subsidy of _____ % Staff Initials _____



YMCA of BUCYRUS-TIFFIN MEMBERSHIP APPLICATION

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CONTACT INFORMATION

Date ___/___/___ Referred By _____

First Name: _____ Last Name: _____

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

Sex: M or F Birthdate: ___/___/___ Phone: _____

Email: _____ Employer: _____

Yes, I authorize my membership fee to be payroll deducted.

EMERGENCY CONTACT NAME: _____ Relationship _____ Phone: _____

FIRST NAME	LAST NAME	D.O.B.	EMAIL
1.			
2.			
3.			
4.			
5.			
6.			

ELECTRONIC FUNDS TRANSFER

Name on Account: _____ Name of Bank: _____

Routing Number: _____ Account Number: _____

Name on Card: _____ Billing Address: _____

Card #: ___/___/___/___ Expiration Date: ___/___ V-Code _____

____ I understand that the YMCA WILL DRAFT the account indicated on the 7TH of every month.

____ I understand CANCELLATIONS must be made by the 25TH day of the month prior to the draft date to not be charged for the next month and memberships are not refundable or transferable.

____ I understand that if my draft information or my credit card is lost, stolen, expired or changed, I am to notify the YMCA immediately so that I do not incur any returned payment fees.

____ I understand that any draft returned for any reason may be collected electronically by a third party and will also be charged a service fee which will also be electronically debited. This is in addition to any fees charged by my bank. The YMCA reserves the right to cancel my membership due to unpaid returned drafts.

____ I understand the YMCA Board of Trustees may, at their discretion, adjust the monthly rate applicable to my membership category. I understand that I will receive a notice 30 days prior to any such change.

SIGNATURE: _____ DATE: _____

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.

MEDIA RELEASE

I assume full responsibility for removing myself from any media opportunities that I do not wish to participate in. I hereby grant to the YMCA the unrestricted right to use and publish photographic images or video of me, or in which I may be included, for marketing materials, YMCA websites or YMCA social networks, editorial trade advertising, and any other lawful purpose related to the YMCA.

SIGNATURE: _____ DATE: _____

CODE OF CONDUCT

Together we can all do more to help strengthen our community. All members are expected to adhere to the YMCA code of conduct at all times while participating in YMCA programs. I understand that membership may be revoked for behavior that conflicts with the code of conduct.

SIGNATURE: _____ DATE: _____

RELEASE & WAIVER-UPDATED 8/20/2020

In consideration of participating in the YMCA of Bucyrus-Tiffin, Inc. activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence the YMCA of Bucyrus-Tiffin, Inc. and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releases"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows

1. I acknowledge that participating in the YMCA of Bucyrus-Tiffin, Inc. activities, including onsite, virtual, and pre-recorded on video activities, involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, exposure to our contracting of communicable diseases, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releases. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releases from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releases or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so in the state where Releases' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. By signing this document, I agree that if I am hurt or my property is damaged during my participation in these activities, whether onsite, video, recorded, virtual, or otherwise, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence. I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

I am signing for myself and on behalf of the entire membership:

Signature _____

Printed Name _____

Date _____