



NEW ROCHELLE YMCA

Membership Application


FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

First Name: _____ Middle: _____ Last: _____ Suffix: _____
Gender: _____ DOB: ___/___/___ Employer: _____
Address: _____ City: _____ State: _____ Zip: _____
Primary Phone: (_____) _____ Cell Phone: (_____) _____
Email Address: _____ ID Type & Number: _____
Emergency Contact: _____ Phone: (_____) _____

Membership Information: If purchasing a Membership, please list your family members (List Last Name if Different) Children under 25 residing in same household should be listed under "Child"

Please list ethnicity if different than primary member. (United Way reporting) A- Asian B- Black H- Hispanic W- White O- Other

	Family Members Names	M/F	Ethnicity	DOB	Relationship	School/Employer	Phone Number
Adult 2				/ /			
Child1				/ /			
Child 2				/ /			
Child 3				/ /			
Child 4				/ /			

YUSA Reporting (for funding purposes)		Marketing		
Ethnicity <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Hispanic <input type="radio"/> White <input type="radio"/> Unknown/other	Household Income <input type="radio"/> Under \$22,929 <input type="radio"/> \$22,930 to \$46,675 <input type="radio"/> \$46,676 to \$58,680 <input type="radio"/> \$58,681 to \$74,999 <input type="radio"/> over \$75,000	Volunteer Opportunities Are you interested in volunteer opportunities with the YMCA? <input type="radio"/> Yes <input type="radio"/> No	How did you hear about the Y? _____ _____ _____	Scan the QR Code to sign up for Text Alerts 

FOR STAFF USE ONLY Staff Name: _____ Tour Given by: _____

New Member Reactivated Member **Draft Type:** Annual / Monthly / One Month Term

Draft Day (monthly) 1st or 15th **Unit ID:** _____

Insurance: SilverSneakers RenewActive **Health ID:** _____

Employee Memberships: FT Employee FT Employee Household PT Employee (10+ hrs. per week) PT Employee Household*
*(discounted rate)

Supervisor Signature (for employee memberships only): _____

Membership Type	Today's Date	Draft Start Date	Draft Day	Staff Initial

_____ Release of Liability (initial)

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men’s Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law. I/we, on behalf of myself/ourselves, and guests, agree to adhere to all policies set by the YMCA as well as those written in the Code of Conduct, given at registration and posted in the facility. I understand the YMCA may photograph/video tape for marketing purposes and release the YMCA from any claim or liabilities related to that use. I give my permission for the use of any photographs, videotapes, or other media record of my/my child’s participation at the New Rochelle YMCA for any lawful purpose, without compensation to me or on my behalf. If I choose not to have myself/my child photographed, videotaped, or in other recorded media, it is my responsibility to inform the photographer and remove myself/my child from the area.

I authorize the New Rochelle YMCA to automatically draft my membership dues every month from my account on my selected draft date. I have provided a voided check or a verification letter from the bank indicating my routing and account numbers, or had my credit card information entered into the system. I understand that the EFT draft will take place on the first or fifteenth day of the month (per my request); and that the YMCA draft is a continuous renewal plan. **I understand that I must cancel 14 days in advance of my draft day, in person to avoid charges for the following month and that my membership will terminate immediately once I cancel. Membership fees are non-refundable.** I understand it is my responsibility to check my personal account for draft cancellation/errors; and realize the Y is not responsible for any mistake beyond 60 days. The YMCA may adjust the monthly membership rate applicable to my membership category. The YMCA will provide at least a 30 day notice of the change before a debit occurs at the new rate. **Should my monthly draft not be honored by my account, I am responsible for that payment plus a YMCA \$35.00 service charge.** I also understand failure to make restitution within the month of the failed draft will result in membership termination. **Members with YMCA outstanding balances may not use the Y.** If for any reason, any outstanding balance owed to the YMCA is submitted to a Collection Agency, I am responsible for collection fees. Memberships that lapse more than 60 days are subject to a new join fee.

Signature: _____ **Date:** ____/____/____

I read the application, including the Release of Liability, and provided accurate information. If monthly drafting, I understand the drafting agreement. Parent or guardian must sign if the applicant is under 18 years of age. The New Rochelle YMCA strongly feels it is important to our organization to provide a safe and threat-free environment. For this reason we prohibit inappropriate behavior and conduct which includes: profanity, abusive language or attire, smoking, tobacco use, vaping, use of alcohol or drugs and criminal conduct of any type. 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.

Signature: _____ **Date:** ____/____/____ **Y Staff initials:** _____

Parent/Guardian Signature (if under 18): _____ **Date:** ____/____/____