



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP APPLICATION

Membership Type: Adult Family College
 Single Parent Family Senior Senior Family

Payment Option: Monthly Draft Semi-Annual
 Quarterly Annual

Requires Credit Card on File
or Bank Draft

PRIMARY MEMBER INFORMATION:

First Name: _____ Middle: _____ Last: _____
Gender: Male Female Birth date: ___/___/___ Barcode: _____
Join Date: ___/___/___
Home Address: Address Line 1 _____
 City _____ State _____ Zip _____
Home Phone: (_____) _____
E-Mail (Required): _____

FAMILY UNIT, INCLUDING DEPENDENTS:

2nd Adult: _____ DOB: ___/___/___ Barcode: _____
 Email: _____ Phone: _____
 Relation to Primary: _____

Dependent: _____ DOB: ___/___/___ Barcode: _____
 Email: _____ Phone: _____
 Relation to Primary: _____

Dependent: _____ DOB: ___/___/___ Barcode: _____
 Email: _____ Phone: _____
 Relation to Primary: _____

Dependent: _____ DOB: ___/___/___ Barcode: _____
 Email: _____ Phone: _____
 Relation to Primary: _____

Dependent: _____ DOB: ___/___/___ Barcode: _____
 Email: _____ Phone: _____
 Relation to Primary: _____

_____ I hereby certify that neither I nor any of the above listed persons have not been convicted of any child related offenses.

EMPLOYMENT INFORMATION

Employer: _____

Business Phone: (_____) _____ Ext. _____

Corporate Discount (if Applicable): _____%

EMERGENCY CONTACT

First Name _____ Last Name _____

Emergency Phone: (_____) _____ Ext. _____

AREAS OF PROGRAM INTEREST

- Aerobics/Group Exercise Child Care Family recreation Indoor Cycling
 Strength Training Parent – Child Programs Sports Teen Activities
 Summer Camp Mini Camps Senior Programs Swim Team
 Social Activities/ Special Events Other _____

Are you interested in volunteering? Yes No

TELL US WHERE YOU HEARD ABOUT US!

WAIVER OF RESPONSIBILITIES

I waive all claims for myself and for the participant(s) listed for any injuries or illness which may result from participation, including any transportation provided by the YMCA, its staff or agents. I further state that I [and/or the participant(s)] am in proper physical condition to participate in this program. In the event that there is a question regarding my physical condition or the physical condition of the participant(s), a physician will be consulted to review the situation prior to any participation. I also give permission to the YMCA to use my name and/or picture [including the participants(s)] without compensation.

Signature: _____ Date: _____

FRONT DESK USE ONLY

Payment Amount \$ _____ Date Paid ____/____/____ Staff Initials _____

Payment Plan: Monthly Draft Quarterly Semi-annual Annual

Payment Method: Cash Check # _____ Visa MasterCard Discover



BLOOMSBURG YMCA MEMBER CODE OF CONDUCT

YMCA CODE OF CONDUCT

The YMCA is committed to providing a safe and welcoming environment for all members and guests. To promote safety and comfort for all, all individuals are asked to act appropriately at all times when in our facility or participating in our programs. The YMCA has adopted a Member Code of Conduct regarding the conduct of our members; this policy applies to all members and guests.

We expect persons using the YMCA to act maturely, to behave responsibly, and to respect the rights and dignity of others. **Our Member Code of Conduct outlines prohibited action, but the actions listed below are not an all-inclusive list of behaviors considered inappropriate in our facilities or programs.**

- Using, possessing or being under the influence of alcohol or illegal chemicals on YMCA property
- Tobacco use – the YMCA and its property is a tobacco-free environment
- Carrying or concealing a weapon or any device or object that may be used as a weapon without prior authorization from the YMCA
- Harassment or intimidation by words, gestures, body language, or any type of menacing behavior
- Physical contact with another person in an angry, aggressive, threatening or violent way
- Verbally abusive behavior, including angry or vulgar language, swearing, name-calling, or shouting
- Sexually explicit or offensive conversation or behavior; any sexual contact with another person
- Inappropriate, immodest, or sexually revealing attire
- Theft or behavior that results in the destruction or loss of property
- Loitering within or on the grounds of the YMCA

In addition, The YMCA reserves the right to deny access or membership to any person who has been charged with or convicted of any crime involving sexual abuse, is or has been a registered sex offender, or is presently or habitually under the influence of dangerous drugs or chemicals, narcotics, or intoxicating beverages.

CODE OF CONDUCT (CONTINUED)

Members and guests are encouraged to take responsibility for their personal comfort and safety by asking any person whose behavior threatens their comfort to refrain from such behavior. Anyone who feels uncomfortable in confronting a person directly should report the behavior to a staff person or the Building Supervisor on duty.

YMCA staff members are eager to be of assistance. Members and guests should not hesitate to notify a staff member if assistance is needed.

The YMCA will take appropriate steps to investigate all reported incidents.

In addition, the protection of members and guests who are participating in programs or are using YMCA facilities is of paramount concern to the staff of the Bloomsburg YMCA. **Therefore, we reserve the right to deny access or membership to any person who:**

- is a registered sex offender in any state
- has plead guilty to or been convicted of any crime involving sexual abuse
- is presently visibly under the influence of intoxicating beverages or behavior modifying drugs on YMCA property, in YMCA vehicles, or at YMCA-sponsored programs

ALWAYS WELCOME IN EVERY COMMUNITY: NATIONWIDE MEMBERSHIP

Nationwide Membership enables you to visit any participating YMCA in the United States through membership at the Bloomsburg Area YMCA. We offer this because we want to help you reach your health and wellness goals wherever you live, work or travel. This is an essential part of our mission to strengthen communities. The Bloomsburg Area YMCA will be launching Nationwide Membership to all our members in September 2018.

As a part of Nationwide Membership, 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.

ADDITIONAL RULES:

- The YMCA has the right to suspend/cancel membership at any time for violation of the Member Code of Conduct.
- The YMCA Bank Draft/Credit Card Draft program is a continuous membership plan.
- I understand that this membership will remain in effect for as long as I retain the membership card issued to me.
- The YMCA reserves the right to increase rates to memberships or programs with 30 days notice.
- The YMCA requires 30 days written notice for cancellation. Cancellations must be done in person. No returns will be given.
- If your payment institution does not honor the membership draft, for any reason, the YMCA reserves the right to cancel your membership!

All non-sufficient fund transactions, late payments and return checks will be subjected to a \$30, non-refundable, fee.

- The YMCA reserves the right to draft a credit card/EFT for late/unpaid program and/or membership fees at any time without notice.
- Late payments that are unable to be paid in full by credit card/EFT will be subject to collection services and/or legal authority.

By signing below, I consent to the above rules, processes & checks and will comply with all rules and regulations the Bloomsburg YMCA considers appropriate to be a member or participate in a program. If I do not follow the above rules, processes & checks I will be subject to possible suspension and/or revocation of my membership at the discretion the Bloomsburg YMCA. I also understand that the Bloomsburg YMCA or its authorized assignee(s) will review sex offenders lists and/or reserves the right to do background checks on its members and potential members as part of the membership process or at any time during the duration of my membership. I understand that continued membership at the YMCA is contingent upon receiving results from these checks. I understand that the YMCA or its assignee(s) will use the information in my application to conduct an investigation of my background.

By signing below, I consent to allow my child(ren) access to the facility without my supervision between the ages of 14 and above.

MEMBER SIGNATURE

Name: _____

Signature: _____

Date Signed: _____

FOR YMCA USE ONLY

YMCA Staff Member Name/Witness: _____

Date: ____/____/____