



YMCA OF GREATER SEATTLE

Application for Facility Membership

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. Please ask for a confidential scholarship application. Participants needing other accommodation should contact their local YMCA. To provide an atmosphere that is safe and inclusive to all, the YMCA enforces a Code of Conduct. Membership is provided at the discretion of the Board of Directors and may be revoked.

MEMBERSHIP TYPE

Choose Membership Type: ☐ Program ☐ Facility ☐ Puget Sound Triangle
☐ Local (available at Fauntleroy, Sammamish Family, & University Family YMCAs only)

Choose Membership Category: ☐ Youth ☐ Teen ☐ Adult ☐ Senior
☐ Couple ☐ Family 1 ☐ Family 2

PRIMARY MEMBER (Parent or guardian for applicants under 18 years)

Check ID ☐

Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Gender
Home Address	Apt	City	State	Zip Code	
Marital Status	Home Phone	Cell/Other Phone			
Primary Email					
Employer Name					

In an effort to ensure the fullest possible participation of all segments of the King County community, we ask members to provide their demographic information (located on the second page of this application). While all responses are voluntary, we use the information provided to ensure our membership and services represent the communities in which we are located. We thank you in advance for your cooperation.

GENERAL INFORMATION

Emergency Contact Name (Required. Must be outside of household)	Relation to Primary Member	Phone Number
Have you been a YMCA Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you interested in Volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECONDARY ADULT

Check ID ☐

Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Gender
Marital Status	Cell/Other Phone				
Primary Email					
Employer Name	Relation to Primary Member				

DEPENDENTS & APPLICANTS UNDER 18 YEARS OF AGE (23 if full time student living at home)

Legal First Name	MI	Legal Last Name	Preferred Name	Date of Birth	Gender	Ethnicity

DEMOGRAPHIC INFORMATION

In an effort to ensure the fullest possible participation of all segments of the King County community we are tracking demographics of our members. Please note all responses are voluntary, however the information gathered from the questions below helps us ensure our membership and services represent the communities in which we are located.

1. What is the place of your birth:

- ☐ Born in the United States ☐ Born Outside of the United States, please specify location: _____

2. What is your Race?

Primary Member: _____

- ☐ Asian/Pacific Islander ☐ African American/Black
☐ Alaskan Native ☐ Caucasian/White
☐ Hispanic ☐ Native American
☐ Other: _____
☐ Unknown

Second Adult: _____

- ☐ Asian/Pacific Islander ☐ African American/Black
☐ Alaskan Native ☐ Caucasian/White
☐ Hispanic ☐ Native American
☐ Other: _____
☐ Unknown

3. What is the primary language spoken at home?

- ☐ Cambodian ☐ Chinese-Cantonese ☐ English ☐ Korean ☐ Punjabi ☐ Russian
☐ Somali ☐ Spanish ☐ Tagalog ☐ Ukrainian ☐ Vietnamese ☐ Unknown
☐ Other: _____

4. Please check the box that represents your approximate annual household income:

- ☐ Below \$15,000 ☐ \$15,000-\$25,500 ☐ \$25,001-\$38,250 ☐ \$38,251-\$59,999
☐ \$60,000-\$99,999 ☐ \$100,000+

5. How did you hear about the YMCA?

- ☐ Radio ☐ Television ☐ Billboard ☐ Drive by-live in area ☐ YMCA ☐ Direct Mail
☐ Email ☐ Yellow Pages ☐ Newspaper ☐ Magazine ☐ Place of Employment ☐ From a member
☐ Former Member ☐ Friends/Family ☐ Medical Referral ☐ Internet ☐ Unknown
☐ Other: _____

6. What is your primary reason for joining the YMCA?

- ☐ To improve personal or family health ☐ To participate in a specific program or activity ☐ Family Recreation and activities
☐ Youth Programs ☐ Teen Programs ☐ Other: _____

7. If you plan to participate in YMCA health and wellness programs, please check the statement that best describes your current level of exercise

Primary Member: _____

- ☐ Already Active
☐ Somewhat Active
☐ Inactive

Second Adult: _____

- ☐ Already Active
☐ Somewhat Active
☐ Inactive

8. What are the primary interests of your household? Please check all that apply.

- ☐ Adventure Guides ☐ Aerobics - Group Exercise ☐ Aerobics - Group H2O ☐ Cardiac Rehab ☐ Cancer Programs
☐ Family Programs ☐ Fundraising ☐ Group Cycle ☐ Healthy Lifestyle Changes ☐ Multiple Sclerosis
☐ Personal Training ☐ Pilates/Yoga ☐ Sports (Youth & Adult) ☐ Swim Lessons ☐ Teen Programs
☐ Weight Management ☐ Volunteerism

9. Would you like to volunteer for the YMCA? Please specify your area(s) of interest.

- ☐ Administrative ☐ Adventure Guides ☐ After School/Recreation (K-6) ☐ Aquatics ☐ Building/Maintenance
☐ Child Care (Pre K-6) ☐ Summer Day Camp ☐ Family Programs ☐ Family Mental Health ☐ Fundraising
☐ Health & Well-being ☐ Membership ☐ Policy (boards & committees) ☐ Resident Camp ☐ Sports (youth & adult)
☐ Teens ☐ Young Adult Services

PARTNERS WITH YOUTH CAMPAIGN DONATION

I want to help underprivileged youth and families in my community participate in YMCA programs. I authorize the YMCA to add the following amount to my monthly bank draft to support the YMCA Partners With Youth Campaign:

- ☐ \$25 ☐ \$15 ☐ \$10 ☐ \$5 ☐ Other: \$ _____

Authorizing signature: _____

CONDITIONS OF MEMBERSHIP

Member Health: The applicant(s) represents that he/she is in physically sound condition and understands that participation in aerobics and other exercise, weight training, recreational sports, and use of pools, spas, saunas, steam rooms and fitness equipment carry a potential risk of injuries or illness. The applicant further understands that the YMCA of Greater Seattle assumes no responsibility for any such injury or illness.

Member conduct and right to use the facility: Applicant agrees to abide by all policies and procedures of the YMCA of Greater Seattle and its branches and understands that failure to act in accordance with these rules may result in expulsion from the YMCA and revocation of the membership.

Criminal History: The applicant acknowledges that it is the policy of the YMCA of Greater Seattle to deny membership to any individual convicted of a sexual offense and that the YMCA will periodically check its membership records for criminal history.

Property Loss: The applicant understands that the YMCA of Greater Seattle is not responsible for personal property lost, damaged or stolen while using YMCA facilities or participating in YMCA programs.

Photograph Permission: The applicant hereby gives permission for the YMCA (local, national and international) to use, without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret YMCA programs.

Cell Phone/ Video Taping: Due to the advances in video equipment and telephone video technology, and for the safety and security of our members and guests, any and all video equipment may not be used in locker rooms, dressing areas, shower areas, restrooms, or other areas generally deemed to be "private" within YMCA facilities. The YMCA of Greater Seattle requests that cell phone usage be reserved for lobby areas only.

Insurance: The applicant understands that the YMCA of Greater Seattle does not provide any accident or health insurance for its members or participants and further understands it is the applicant's responsibility to provide such coverage.

Signature of Applicant or Guardian

Date

Additional Adult Applicant

Date

LIABILITY WAIVER

In consideration of being permitted to utilize the facilities, services and programs of the YMCA of Greater Seattle ("YMCA") for any purpose including, but not limited to, observation or use of facilities and equipment and participation in any program affiliated with the YMCA without respect to location, I, on behalf of myself and any children, dependents or personal representatives, hereby:

1. Acknowledge that I have (a) read this release and waiver of liability; (b) had the opportunity to inspect the YMCA's facilities and equipment or will immediately upon entering or participating will inspect and carefully consider such premises, facilities or program; (c) accept the facilities, equipment and program as being safe and reasonably suited for the purposes intended and (d) voluntarily sign this release and waiver of liability.
2. Release the YMCA, its directors, officers, employees, agents and volunteers (collectively "YMCA Releases") from all liability to me for any loss or damage to property or injury or death to person, whether caused by the ordinary negligence of the YMCA Releases or any other person, and while I am in, upon or about any YMCA branch or any facilities or equipment therein or participating in any program or service affiliated with the YMCA.
3. Agree not to sue the YMCA Releases for any loss, liability, damage, injury or death described above and I agree to indemnify and hold harmless the YMCA Releases and each of them from any loss, damage or cost they may incur due to my presence in, upon or about any YMCA branch or any facilities or equipment therein or my participation in any program or service affiliated with the YMCA whether caused by the ordinary negligence of the YMCA Releases or by any other person. I assume full responsibility for the risk of such loss, liability, damage, injury or death.

I intend for this release and waiver of liability to be as broad and inclusive as is permitted by the laws of the State of Washington. If any portion hereof is held invalid, I agree that the balance shall continue in full force and effect.

Signature of Applicant or Guardian

Date

Additional Adult Applicant

Date



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF GREATER SEATTLE

Payment Authorization Form

PRIMARY MEMBER

Legal First Name	MI	Legal Last Name
Address		Phone Number

PAYMENT AUTHORIZATION

☐ YMCA Membership ☐ YMCA Child Care, Kid's University, Swim Team

☐ **Electronic Funds Transfer**

Please attach a voided check and fill out the following account information

Type of Account: ☐ Checking ☐ Savings

Debit Account on the: ☐ 1st OR ☐ 15th day of each month

Name on Account (please print)

Routing Number

Account Number

I hereby authorize my financial institution to honor pre-authorized debit entries by the YMCA on my account for membership payments and when my financial institution honors such debits by charging my account this shall constitute my receipt for payment. _____ initial

☐ **Recurring Credit Card or Debit Card**

Please fill out the following account information

Type of Account: ☐ Visa ☐ MC ☐ Amex ☐ Discover

Charge Account on the: ☐ 1st OR ☐ 15th day of each month

Name as it appears on Credit Card (please print)

Last 4 digits on Credit Card

Expiration Date

I hereby authorize the YMCA to charge my credit card on a monthly basis for payments as indicated above. When my financial institution honors such debits by charging my account this shall constitute my receipt for payment. _____ initial

YMCA OF GREATER SEATTLE FINANCIAL POLICIES

I further stipulate the following conditions (please read and sign at the bottom):

- I understand that the YMCA membership and programs are continuous and that monthly charges or debits, as indicated above, will continue until I give written notice to change or terminate the membership or program. The frequency and occurrence of my visits has no bearing on my monthly dues.
- I understand that I must give the YMCA written notice (in person or by email ONLY) 14 days prior to the next scheduled draft to change or cancel my membership or program fees. Failure to do so will make the subsequent draft non-refundable. Any outstanding balances will be due at the time of cancellation. I am liable for any fees that the YMCA may incur in its effort to collect any remaining balance due
- I understand that I must inform the YMCA 14 days in advance of any changes to my name, address, telephone number or payment information. Failure to provide the YMCA with current information may result in non-refundable fees and that I am personally responsible for any payments not processed by my financial institution and/or the YMCA
- I understand that the YMCA will notify me at least 30 days in advance of any increase to my monthly membership dues or program fees.
- I understand that it is my responsibility to bring any billing discrepancies to the YMCA's attention within 60 days after they first appear on my financial statements. After 60 days, I waive my right to dispute such discrepancies.
- I understand and authorize that NSF or collection of fees will be charged to me for any declined or returned monthly dues. Such non-sufficient fees will be the maximum amount allowed by law and will include applicable taxes.

Signed: _____ Date: _____