

MEMBERSHIP FOR ALL



FINANCIAL ASSISTANCE APPLICATION

The Membership For All program offers a sliding scale that is designed to fit the financial situation of each individual and family in our community.

WHO SEES MY FINANCIAL INFORMATION?

Personal financial information is handled in a confidential manner and will be seen and reviewed only by Y staff. No information is shared with any other agency or organization.

ANNUAL CAMPAIGN

Thanks to our generous donors, our Annual Campaign helps make the Y accessible to all.

First Name _____ Email _____
Last Name _____ Phone _____
Address _____ Apt # _____
City _____ State _____ Zip _____



Are you applying for Membership OR Programs? Only one per form. Please check below:

Membership Type

- ☐ Adult
☐ Family Household
☐ One Parent Family

Programs

- ☐ Lessons ☐ Child Care
☐ Camp ☐ Sports
☐ Swim Team ☐ Other

Are you currently receiving financial assistance from the YMCA? Yes ☐ No ☐

\$ _____ Total Monthly Income

Provide ONE of the following documents:

1040

SSI (Supplemental Security Income)

Two Most Recent Paystubs

AND

Personal Letter

- Application is good for up to one year
- All eligible applicants will pay a portion of the monthly membership rate.
- Families applying for assistance for child care must first seek assistance through the State Child Care Assistance or Department of Job and Family Services; proof of denial is required before applicant is determined eligible.

I certify that the above information is true and complete to the best of my knowledge, and that I do not have income not represented above.

Signature of person completing this application

Date

Office Use Only: Monthly Membership Rate: \$ _____ OR Program Percentage Discount _____%

Approved by (MFA Coordinator): _____ Date: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**MFA APPLICATION RELEASE FORM
PERMISSION TO USE STORY IN ANNUAL CAMPAIGN MARKETING
MATERIALS**

The YMCA supports the health and well-being of over 133,000 individuals of all ages, races, and from all walks of life in positive, enriching programs through 10 activity branches, and Y Camp Ernst, our resident camp. Thanks to community donors, we are able to offer need based scholarships to individuals and families who might not otherwise be able to enjoy what the YMCA has to offer. By sharing your story during our Annual Campaign and throughout the year, we are able to put community faces with the stories and provide a personal connection as to why we need the continued support from our donor, year after year. Please take a moment and select the option below that works best for you and your family.

- ☐ I give the R.C. Durr YMCA permission to use my personal story and use my name and that of my family members in Annual Campaign marketing materials.
- ☐ I give the R.C. Durr YMCA permission to use personal story but not my name or that of my family members in Annual Campaign marketing materials.

Signature

Date

MEMBERSHIP APPLICATION



PRIMARY MEMBER

First Name _____ Middle _____ Last Name _____

Birth Date ____/____/____

Gender ☐ Male ☐ Female

Insurance ID (if applicable) _____

Home Address _____

City _____ State _____ Zip Code _____

Primary Phone _____ Is this your cell number? ☐ Yes ☐ No

Would you like to receive text message updates? ☐ Yes ☐ No Secondary Phone _____

Email Address _____

Employer _____

Emergency Contact _____ Emergency Contact Phone _____

HOW DID YOU HEAR ABOUT THE Y?

- | | | |
|--------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Radio | <input type="checkbox"/> TV | <input type="checkbox"/> Former Member |
| <input type="checkbox"/> Billboard | <input type="checkbox"/> Drive by | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Email | <input type="checkbox"/> YMCA Website |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Magazine | <input type="checkbox"/> Friend/Family |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Member | <input type="checkbox"/> Online |

I AM INTERESTED IN:

- | | | |
|--|--|--|
| <input type="checkbox"/> Group Exercise | <input type="checkbox"/> Overnight Camp | <input type="checkbox"/> Family Recreation |
| <input type="checkbox"/> Group Cycling | <input type="checkbox"/> Child Care | <input type="checkbox"/> Swim Lessons |
| <input type="checkbox"/> Strength Training | <input type="checkbox"/> Parent-Child Programs | <input type="checkbox"/> Lap Swimming |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Teen Activities | <input type="checkbox"/> Personal Training |
| <input type="checkbox"/> Day Camp | <input type="checkbox"/> Social Activities | <input type="checkbox"/> Volunteering |

ARE YOU INTERESTED IN MEETING WITH SOMEONE ABOUT YOUR GOALS?

☐ Yes ☐ No

TELL US ABOUT YOUR GOALS

RELEASE AND WAIVER OF LIABILITY

I understand that the YMCA of Greater Cincinnati assumes no responsibility for injuries or illness including, but not limited to Pandemic Influenza and Infectious Diseases, which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports program, the use of any equipment, exercise, or any other activity at the YMCA. I expressly acknowledge on behalf of myself and my heirs that I assume the risk of any and all illness, which may result from my participation in these activities. I hereby release and discharge the YMCA of Greater Cincinnati, its agents, servants, and employees from any and all claims for injury, death, loss, or damage which I may suffer as a result of my participation in these activities. I understand that the YMCA of Greater Cincinnati is not responsible for any personal property lost or stolen while using the YMCA facilities or while on YMCA premises. I give my permission to the YMCA of Greater Cincinnati to use photographs, film footage, audio, or video tape recordings, which may include my image or voice for the purpose of promoting and interpreting YMCA programs and services to the general public. I will adhere to the YMCA Code of Conduct. I understand that the YMCA of Greater Cincinnati will hold me accountable to the Code of Conduct and may restrict my access to the YMCA upon breach of the code.

ACCEPTANCE: I acknowledge the Waiver set forth above and, being in sympathy with the mission of the YMCA, hereby accept the policies and procedures of the YMCA of Greater Cincinnati.

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 of Participant

Date

Signature of Parent/Guardian

Date

Last Name

First Name

Member Number

SECOND ADULT

First Name _____ Middle _____ Last Name _____

Birth Date ____/____/____ Gender ☐ Male ☐ Female

Relationship to primary member: ☐ Spouse ☐ Son ☐ Daughter ☐ Parent ☐ Dependent ☐ Friend ☐ Other

Primary Phone _____ Is this your cell number? ☐ Yes ☐ No

Would you like to receive text message updates? ☐ Yes ☐ No

Email Address _____

Employer _____

Emergency Contact _____ Emergency Contact Phone _____

FAMILY MEMBERS Include information on lines 1-4

Complete the below information for family/household, one adult family/household, military/veteran family, and senior family. **Additional members must be under the age of 24.** Additional adults living in the **same household over the age of 24** can be added for an additional \$20 per month.

Name (Last, if Different)	Birth Date	Gender	Race	Relationship to Primary Member
1.				
2.				
3.				
4.				

TRANSFORMING LIVES

Your membership dues operate the facility. Your gift changes lives. Change a life today by supporting our neighbors in need through the YMCA.

☐ \$20 ☐ \$10 ☐ \$5 ____ Other amount ☐ One time ☐ Monthly

MONTHLY DRAFT AUTHORIZATION

INITIALS

I authorize my bank to honor pre-authorized drafts drawn by the YMCA on my account for membership and program payments and/or contributions. It is understood that my bank draft membership will be continuous until written notification has been received by the Y.

If at any time there is to be a change, deletion, or cancellation of my membership, it is to be submitted in writing to the YMCA of Greater Cincinnati, ten days prior to my scheduled, monthly draft date. Failure to do so will result in that month's draft being non-refundable.

When the bank honors the draft by charging my account, such drafts constitute my receipt for the payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made by me in the amount of said payment plus a service charge.

Rates are subject to change with a 30-day notice to members.

All memberships cancelled will be charged an activation fee upon rejoining.

If my scheduled payment is declined, I authorize the YMCA to re-draft my account to collect the past due balance.

Account Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Savings Account ☐ Checking Account

Last four digits of credit card or bank account: _____ Credit Card Exp. Date _____

Signature _____

Date _____

\$ _____

Monthly Dues

FOR OFFICE USE ONLY: Membership Type: _____ Enrolled by: _____



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

MEMBER CODE OF CONDUCT

The Mission of the YMCA is to put Christian principles into practice through programs that build healthy spirit, mind and body for all. Our principles include the values of caring, honesty, respect, and responsibility.

Respect for others through our actions is our central guide to help ensure that we enjoy a safe, welcoming and comfortable Y. Specific behavioral expectations while at the Y include:

SUPPORTING THE Y'S MISSION

Modeling the values of caring, honesty, respect and responsibility

TREATING OTHERS WITH RESPECT

Avoiding abusive, instigative, racially prejudiced, or offensive language / not engaging in physical or verbal conflicts with others / not participating in theft or vandalism

DRESSING APPROPRIATELY

Wearing clothing that match the Y activity (swim wear in pool) and that has no vulgarity, profanity, or suggestive writing/graphics

DISPLAYING SPORTSMANSHIP

Evading divisive taunting, displaying poise under stress, and acknowledging a good effort during and after competitions

NOT ENGAGING IN SEXUAL ACTIVITY, HARASSMENT, DISPLAY OR CONDUCT

NOT POSSESSING ILLEGAL SUBSTANCES

Avoiding use of alcohol, tobacco, or other drugs

NOT CARRYING WEAPONS

Bringing guns, knives, and other devices that may be used as weapons is not allowed

NOT MISUSING PHOTOGRAPHIC DEVICES

Utilizing cell phones and other electronic devices in locker rooms/rest rooms is not permitted

PROMOTING THE CODE OF CONDUCT

Holding others responsible and liable for their actions by asking violators to change their behavior and/or reporting incidents to the Y staff

Adherence to the code of conduct is required as part of your membership in the YMCA.

Member Signature

Date

Print Name