



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Yonkers Family YMCA Membership Application

Thank you for your interest in becoming a Member of the YMCA!

As a member of the Y, you belong to so much more than a gym. You are part of a cause-driven organization focused on youth development, healthy living, and social responsibility.

MEMBERSHIP TYPE	MONTHLY FEE	ANNUAL FEE	NEW MEMBERS JOINER FEE (current members exempt)
Youth (0-14 yrs.)	\$12	\$144	\$30 Onetime fee for all NEW Members Current Members are EXEMPT
Teen (15-17 yrs.)	\$15	\$180	
Young Adult (18-25 yrs.)	\$23	\$276	
Adult (26-61 yrs.)	\$34	\$408	
Senior (62 + yrs.) <small>Insurance may cover your membership</small>	\$26	\$312	
Household 1-2 adults, all children under 18 yrs.	\$65	\$780	
College <small>Must have valid school ID</small>	\$15	\$180	
Day Pass (per visit)	\$10	N/A	

Financial Assistance available through the generous support of our annual donors.
Some Insurance plans will cover membership for seniors and those with certain medical conditions, contact us to apply.

CLUBHOUSE is a separate program and you must enroll through the Clubhouse directly, **NOT MEMBERSHIP**. Clubhouse participants will not have access to facilities outside of the Clubhouse or Clubhouse hours - If you would like to use the facilities you must purchase an additional membership.

Follow Us!



Visit Our Website: www.yoymca.org



"Like" Us on Facebook: [Yonkers Family YMCA](#)



"Follow" Us on Instagram: [yonkersymca](#)

Primary Member Information (valid photo I.D. must be presented)

Name: _____
First Middle Last

Birthdate: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Address: _____
Street City State Zip Code

Parent/Guardian Signature required if applicant is under 18 years of age: _____

Would you be interested in volunteering at the YMCA? ☐ Yes ☐ No

Emergency Contact

Name: _____ Phone Number: _____ Relation: _____

Name: _____ Phone Number: _____ Relation: _____

Yonkers Family YMCA
17 Riverdale Avenue, Yonkers, NY 10701
914-963-0183 | info@yoymca.org

Family Members

First Name	Last Name	Gender	Birthdate	Ethnicity	Relation to Primary Member	Key Tag #
1.						
2.						
3.						
4.						
5.						
6.						

Where did you hear about the Yonkers Family YMCA?

- ☐ Advertisement
 ☐ Corporate Partner
 ☐ Word of mouth
 ☐ Employer
 ☐ Health Fair
 ☐ Direct Mail
 ☐ Internet
☐ Doctor's Referral
 ☐ Previous Member
 ☐ Program Participant
 ☐ Walk in or Drive By

What is your reasoning for joining today?

- ☐ Variety of Programs
 ☐ Competitively Priced
 ☐ Virtual Wellness
 ☐ Previous Visit or Experience
 ☐ Silver Sneakers
☐ Renew Active
 ☐ To get in Shape
 ☐ Doctor's Referral
 ☐ To Meet New Friends
 ☐ Grteat Location
 ☐ Family Activities

Would you like to make a Donation?

I want to help youth and families in my community participate in YMCA programs. I authorize the Yonkers Family YMCA to deduct the following amount:

Monthly reoccurring donation of: ☐ \$25.00 ☐ \$15.00 ☐ \$10.00 ☐ \$5.00 **OR** a onetime donation in the amount of: \$_____

Bank Draft Authorization and Agreement

Members have the option of drafting from a checking account, or a credit or debit card. Please provide your correct banking information below. Accounts will be drafted on the 1st or 15th of each month REGARDLESS OF YOUR ACUTAL ATTENDANCE.

Option 1: Draft from a Checking Account (Must attach a voided check)

Name as it appears on your check:	Routing Number:
	Account Number:

Option 2: Draft from a Credit or Debit Card

Name as it appears on your Credit or Debit Card:	Credit or Debit Card Numbers as they appear on your card
Expiration Date:	Circle Type of Card:
	Mastercard Visa Discover American Express

Monthly Draft Agreement

I hereby authorize the Yonkers Family YMCA to initiate debits from the bank indicated on the attached voided check, or the credit or debit card for the amount specified. The authority is to remain in effect until the Yonkers Family YMCA has received notification from me BEFORE the 1st or the 15th of the month in order to terminate this agreement. The Yonkers Family YMCA will send a 30 day notification of any changes in the amount to be drafted. Should my membership draft not be honored by my bank for any reason, I realize that I am still responsible for that payment, including a Yonkers Family YMCA \$25 service charge. This is in addition to any service charge fee my bank may charge. **I agree to pay the monthly draft payment regardless of the number of times per month that I use the facility.**

Signature of Member: _____ **Date:** _____

Membership Draft Cancellation Policy and Agreement

I understand that if I wish to terminate my membership, **I must cancel before my next draft date (either the 1st or the 15th of the month) in order to not be billed for the upcoming month.**

PLEASE INITIAL NEXT TO EACH ITEM:

1. The bank draft membership is a continuous membership plan. I understand that this membership will remain in effect until I provide the required cancellation notice _____
2. I understand that if my automatic draft is returned as unpaid, I will be responsible to pay for the month's payment plus a \$25 service charge fee to the Yonkers Family YMCA _____
3. I understand that there are no refunds on membership fees _____
4. I understand my membership is continuous and the YMCA Board of Directors may, at their discretion, may adjust the monthly membership rates, I understand that I will receive at least 30 days notice prior to any such change _____
5. I understand that if I stop payment or close my account without proper notice, I will be responsible to pay for the month's payment plus a \$25 service charge fee to the Yonkers Family YMCA in addition to any service charge fee that my bank may charge _____
6. I understand that I need to notify the Yonkers Family YMCA immediately of any changes in my bank account numbers or changes in my debit or credit card, or if my card is lost or stolen. Any changes incurred due to changes made without prior notification will be my responsibility and will incur a \$25 YMCA service charge _____
7. Membership cards remain the property of the YMCA and must be surrendered upon demand _____
8. Membership may be placed on "hold" for no more than 90 days (3 months) _____

Signature of Member: _____ **Date:** _____

Nationwide Membership Waiver

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. 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 Member/Participant/Guest: _____ **Date:** _____

Code of Conduct

The Yonkers YMCA is committed to providing a safe and welcoming environment for all. In the interest of the safety and comfort of those who are in our facility, participating in our programs, or on our grounds, we ask individuals to act in a manner that upholds our guiding principles of Caring, Honesty, Respect and Responsibility at all times.

To ensure the safety and well-being of our members, participants, parents and guests, we may suspend, cancel, or terminate a membership, and/or prohibit individuals from having access to our facilities, programs, events or program spaces in the event the individual's behavior or conduct appears contradictory to the associations core values and safety requirements. The YMCA also reserves the right to deny facility access or membership to any person who is a sexual offender, who has been convicted of (or who has been charged with) any crime involving sexual abuse. YMCA Management will investigate all reported incidents.

Members, program participants, parents and guests are not to engage in the following activities:

- ☐ Harassing or intimidating words or gestures, body language, or menacing behavior
- ☐ Wearing inappropriate attire
- ☐ Loitering inside or outside of the YMCA facility
- ☐ Engage in physical contact with another person in an angry or threatening way.
- ☐ Demonstrate any sexual activity or engage in sexual contact with another person.
- ☐ Carrying or concealing any weapon, device, or object that maybe used as a weapon.
- ☐ Using or possessing illegal chemicals, drugs, or alcohol in or on YMCA property, or at YMCA sponsored programs.
- ☐ Stealing personal property or any property of the YMCA or engaging in behavior that results in destruction of property.
- ☐ The YMCA is a tobacco free environment. Use of tobacco products is not permitted inside the YMCA, this includes e-cigarettes and vaping products.

Members, program participants, parents and guests are encouraged to be responsible for their personal comfort and safety by asking any person whose behavior threatens their comfort to stop. If a member, program participant, parent or guest feels uncomfortable confronting the person directly then they should report it immediately to a staff person or a director on duty. Members, program participants, parents and guests should not hesitate to notify a staff person if assistance is needed.

I declare, I understood and agree to the conditions stated above.

Signature of Member/Participant/Guest: _____ **Date:** _____

Photography/Video Release, Property Loss, Cell Phone Use and Videotaping

I understand that any person on my membership may be photographed, videotaped, and or interviewed for the purpose of YMCA promotional use _____

I understand the Yonkers Family YMCA is not responsible for personal property lost, damaged or stolen while using the YMCA facilities or participating in YMCA Programs and events _____

For the safety and security of our members, participants and guests, any and all video equipment may not be used in locker rooms, dressing areas, restrooms, or other areas deemed to be "private" within the YMCA facility, this includes the use of cell phones _____

I declare, I understood and agreed to the conditions stated above.

Signature of Member/Participant/Guest: _____ **Date:** _____

Release and Waiver of Liability and Indemnity Agreement

PLEASE READ CAREFULLY. This section affects your legal rights and is legally binding. By signing this agreement you are releasing the Yonkers YMCA from all liability and forever giving up any claims therefore.

ASSUMPTION OF RISK:

I acknowledge and agree that any use of the Yonkers YMCA facilities, services, equipment and premises (Facilities) and any participation in Yonkers YMCA programs and activities (Programs) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of the Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and not relying on all such risks being described in this document.

WAIVER, RELEASE, INDEMNIFICATION & COVENANT NOT TO SUE:

In consideration of the use of the Facilities and participation in Programs I, the undersigned, agree that the Yonkers YMCA, its officers, directors, agents, employees, volunteers, insurers and representatives (Releasees) will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and HERBY DO RELEASE, WAIVE AND COVENANT TO NOT SUE Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of the Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

I have read, understood and agreed to the conditions as stated above.

Signature of Member/Participant/Guest: _____ **Date:** _____

Gender, Ethnicity, Race

"I support the Yonkers Family YMCA so they can support others like me." At the YMCA we strengthen our community by creating programs and services that meet the needs of our members and neighbors. That's why we need strong data about who we are serving. We use research from several trusted sources to learn about the demographics of our region and neighborhoods. Our most trusted source to learn about our members, participants, guests, board and staff is YOU. By taking the time to provide the information below, you will help us support more people like you and help even more people in our community to thrive. **Answering these questions is optional.**

Gender (please check one):

☐ Female ☐ Male ☐ Non-Binary/Non-Conforming ☐ Transgender

Race (check all that apply):

☐ American Indian/Alaskan Native ☐ American Indian/Alaskan Native & Black/African American ☐ Asian ☐ Asian & White
☐ American Indian/Alaskan Native & White ☐ Black/African American ☐ Black African American & White ☐ Hispanic/Latino (a)
☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Other or multiracial (please specify)

If you have any questions regarding membership or this application, please reach out to Melissa Weaver at melissaw@yoyymca.org or 914-963-0183 x25