



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Membership Application

### Current Exercise Pattern:

- Regular Exerciser       New to Exercise  
 Start/Stop Exerciser       Non-Exerciser

### Interests:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Aquatic Fitness | <input type="checkbox"/> Diabetes Prevent    | <input type="checkbox"/> Personal Training   | <input type="checkbox"/> Teen Programs       |
| <input type="checkbox"/> Camp Horsetheif | <input type="checkbox"/> Family Activities   | <input type="checkbox"/> Recreation/Lap Swim | <input type="checkbox"/> Triathlon Club      |
| <input type="checkbox"/> Cancer Program  | <input type="checkbox"/> Family Pool Time    | <input type="checkbox"/> Strength Training   | <input type="checkbox"/> Yoga/Pilates        |
| <input type="checkbox"/> Cardio          | <input type="checkbox"/> Fun Run/Triathlon   | <input type="checkbox"/> Swim Fit            | <input type="checkbox"/> Youth Art & Science |
| <input type="checkbox"/> Child Care      | <input type="checkbox"/> Group Exercise      | <input type="checkbox"/> Swim Lessons        | <input type="checkbox"/> Youth Programs      |
| <input type="checkbox"/> Child Watch     | <input type="checkbox"/> Nutrition           | <input type="checkbox"/> Swim Team           | <input type="checkbox"/> Youth Sports        |
| <input type="checkbox"/> Cycling         | <input type="checkbox"/> Older Adult Fitness | <input type="checkbox"/> Other: _____        |  |

- \_\_\_ Caldwell  
 \_\_\_ Downtown  
 \_\_\_ West Y City  
 \_\_\_ Homecourt  
 \_\_\_ Staff

Barriers or Challenges to Wellness: \_\_\_\_\_

Additional Questions or Comments: \_\_\_\_\_

### Wellness for Life:

Wellness for Life Appointment can be the support that you need as you seek better health and well-being, and **it is free to members**. In your initial appointment, you will work with a Health and Wellness coach on a one-on-one basis to come up with a personalized wellness plan that fits your goals, interests and lifestyle. After your first meeting, you check in with your wellness coach periodically for guidance and support until you are comfortable to move forward on your own. With your coach, you may cover any of a variety of wellness topics, programs and opportunities available at your YMCA.

### For Office Use Only

Date of application: \_\_\_\_\_

Master Identification: \_\_\_\_\_

Staff who set up account: \_\_\_\_\_

Prorated dues	\$ _____
Joining fee	\$ _____
Towels	\$ _____
Child Watch	\$ _____
Locker	\$ _____
Subtotal	\$ _____
Sales tax	\$ _____

**TOTAL PAID AT APPLICATION** \$ \_\_\_\_\_

### Type of Membership

- |  |  |
|--|--|
| <input type="checkbox"/> Adult (19-24) | <input type="checkbox"/> Short-term adult    |
| <input type="checkbox"/> Adult (25-64) | <input type="checkbox"/> Short-term youth    |
| <input type="checkbox"/> Adult (65+)   | <input type="checkbox"/> Short-term family   |
| <input type="checkbox"/> Youth (10-18) | <input type="checkbox"/> West aquatic member |
| <input type="checkbox"/> Family        | <input type="checkbox"/> Program member      |
| <input type="checkbox"/> 2 youth       | <input type="checkbox"/> Silver Sneaker      |

### Additional Services

- Individual towel plan  
 Family towel plan  
 Locker rental (# \_\_\_\_\_)  
 Child Watch (1 child)  
 Child Watch (2+ children)  
 Other: \_\_\_\_\_

### Primary Adult (required for youth under 18)

First name	Middle name	Last name	
Formal first name	Gender	Date of birth	
Street address	City	State	Zip
Home phone	Cell phone	Email Address	

### Additional Family Members

Name (first, middle, last)	Age	Birth date	Gender	Relationship to member	School
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### Emergency Contacts

Name	Phone	Relationship to member
_____	_____	_____
Name	Phone	Relationship to member
_____	_____	_____

### STRONG KIDS CAMPAIGN

The Strong Kids Campaign raises funds to assure that no child is turned away from a YMCA program or service because of financial challenges their families may face.

\_\_\_ I would like to make a difference in the life of a child by giving to the Strong Kids Campaign.

If interested in volunteering please inquire at the Welcome Center.





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# Membership Application, continued

## Payment Method

- Authorized monthly draft from a checking or savings account
- Authorized monthly draft from a credit/debit card (Discover, Mastercard, or Visa)
- Annual pay in full (cash, check, or credit/debit card)
- Other: \_\_\_\_\_

### Bank Draft Payment

From  Checking account  Savings account  
 Name as it appears on account: \_\_\_\_\_  
 Bank transit/routing number (first 9 digits on account): \_\_\_\_\_  
 Financial institution: \_\_\_\_\_  
 PLEASE ATTACH A VOIDED CHECK.

### Credit/Debit Card Payment

Charge my  Discover  Mastercard  Visa  
 Last 4 digits on credit card: \_\_\_\_\_  
 Financial institution: \_\_\_\_\_

### Billing Address

Name on Account: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 same as mailing address



## Payment Authorization

I authorize my financial institution to honor drafts drawn by the YMCA on my account. Drafts from my account will be taken out between the 3rd and 8th of each month. The amount drafted will be the current balance due on my account. It is understood that my bankdraft will be continuous until 14 days after written notification has been received by the YMCA. Should any draft not be honored by my financial institution, I understand that it is still my responsibility to make payments for all fees due, including any fees not covered by the bank. The YMCA has the right to redraft any account that had nonsufficient funds. The YMCA reserves the right to charge a \$20 fee for nonsufficient bank drafts and/or credit card returns.

If at any time there is to be a deletion or cancellation of my membership, it is to be submitted in writing to the YMCA branch where my membership was purchased 15 days prior to the day the draft is to be charged to my account. Failure to do so will make the subsequent draft non-refundable. Changes or cancellations can not be made by telephone or online. The YMCA will notify me, in advance, of any increase in my monthly membership draft amount.

Primary adult signature \_\_\_\_\_ Date \_\_\_\_\_

## Primary Adult Employer Information

Company name \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position/Occupation \_\_\_\_\_  
 Business phone \_\_\_\_\_ Fax \_\_\_\_\_

## Secondary Adult Employer Information

Company name \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position/Occupation \_\_\_\_\_  
 Business phone \_\_\_\_\_ Fax \_\_\_\_\_

## Mandatory Risk Waiver and Membership Understanding

YMCA participants understand that recreational activities do have inherent risks which are beyond the control of the Treasure Valley Family YMCA and its staff, volunteers and members. We, the undersigned, do understand that upon using the facility and/or services that we hereby assume all risks for the behavior, actions, and safety of myself, my minor child or children while involved in the activities. Therefore, I assume full responsibility for personal injury to myself and/or to members of my family, or for loss or damage to my personal property and expenses thereof as a result of my negligence, the negligence of my family participating in said activities, or the negligence of the Treasure Valley Family YMCA. I have read and understand this agreement and release of liability, and do voluntarily agree to sign. I also understand that I can be denied access to the YMCA if my account is not current. I understand that to enter the YMCA on each visit, I will need to provide the proper access code. While on the premises of any Treasure Valley Family YMCA facility or enrolled in any YMCA programs, my family and I agree to act with Caring, Honesty, Respect and Responsibility.

PHOTOGRAPHIC RELEASE: I also give the YMCA permission to take and utilize pictures/videos of me and/or my family in YMCA marketing, promotions, social and print media.

Primary adult name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Second adult name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name(s) of minor child(ren) I am responsible for:

\_\_\_\_\_  
 \_\_\_\_\_

## Not A Sex Offender (MEMBER SIGNATURE REQUIRED)

The Treasure Valley Family YMCA will deny all applications for membership and / or program participation privileges to anyone who is known by us to be a registered sex offender. By signing below I acknowledge that I am **NOT** a registered sex offender nor is anyone else included on our membership application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For questions or additional information regarding the Treasure Valley Family YMCA's registered sex offender policy please contact the Branch Director.

