



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Membership Application

Which Y will you be joining today?

- Caldwell Y
- Downtown Y
- South Meridian Y
- West Y

Type of Membership

- 2-Person Family
- Family
- Young Adult (19-29)
- Adult (30-64)
- Senior (65+)
- Youth (10-18)
- 2 Youth (10-18)
- Short-Term Membership
Type: _____
- West Aquatic Membership
Type: _____
- Silver Sneakers
- Silver & Fit
- Program Member

Additional Services

- Individual Towel Plan
- Family Towel Plan
- Locker Rental (# _____)
- Kid Zone (1 or 2+ Children)
- Kid Zone (Non-Member)
- Other Add-Ons: _____

Primary Adult (required for youth under 18) *Photo ID Required

First Name	Middle Name	Last Name		
Formal First Name	Gender	Date of Birth		
Street Address	Apt #	City	State	Zip
Home Phone	Cell Phone	Email Address		

Secondary Adult (If Applicable) *Photo ID Required

Name (first, last)	Age	Date of Birth	Email	Gender	Relationship to Member
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Additional Family Members (Must be dependent children living in household 23 years of age or under)

** Dependent children between the age of 18-23 must provide photo ID and sign on the next page*

Name (first, middle, last)	Age	Date of Birth	Gender	Relationship to Member
Name (first, middle, last)	Age	Date of Birth	Gender	Relationship to Member
Name (first, middle, last)	Age	Date of Birth	Gender	Relationship to Member
Name (first, middle, last)	Age	Date of Birth	Gender	Relationship to Member
Name (first, middle, last)	Age	Date of Birth	Gender	Relationship to Member

Emergency Contacts

Name (first, middle, last)	Phone	Relationship to Member
Name (first, middle, last)	Phone	Relationship to Member

Corporate Membership

If part of a Corporate Membership, please list company: _____

Staff Use Only

Date of application: _____
 Staff who set up account: _____

Fees

Prorated Dues: \$ _____
 Join Fee: \$ _____
 Towels: \$ _____
 Child Watch: \$ _____
 Locker: \$ _____
 Subtotal: \$ _____
 Sales Tax: \$ _____
Total Paid At Application: \$ _____



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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 or semi annual payments (cash, check, or credit/debit card)
- Other: _____



Checking/Savings Account Information:

From: Checking Account Savings Account
 Name as it appears on account: _____
 Last 4 digits of account #: _____
 Financial Institution: _____

Credit/Debit Card Information:

Charge my: Visa MasterCard Discover
 Last 4 digits on credit card: _____ Exp. Date: _____
 Financial Institution: _____

Billing Address (if different):

Name on Account: _____
 Street: _____
 City: _____ State: _____ Zip: _____

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 1st and 5th of each month. The amount drafted will be the current balance due on my account. It is understood that my bank draft will be continuous until 15 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/debit 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 first of the following month. Failure to do so will make the subsequent draft non-refundable. Changes or cancellations cannot 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



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Mandatory Risk Waiver and Membership Understanding (Member Signature Required)

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. I (we), the undersigned, do understand that upon using the facility and/or services that I hereby assume all risk for the behavior, actions, and safety of myself, and persons under my care when involved in the activities. Therefore I, assume full responsibility for personal injury to myself, and to persons under my care, or for loss or damage to personal property and expenses thereof as a result of negligence, the negligence of persons under my care 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. While on the premises of any Treasure Valley Family YMCA facility or enrolled in any YMCA program, myself, and persons under my care agree to act with caring, honesty, respect and responsibility. 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.

Non Sex Offender Acknowledgment & Screening (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. 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. By signing below I acknowledge that neither I nor anyone included on this application is a registered sex offender.

Photo Sharing Policy (Member Signature Required)

The Treasure Valley Family YMCA reserves the right to utilize photographs taken within YMCA facilities and at YMCA events and programs for marketing and promotional purposes. By signing below I give the YMCA permission to utilize pictures of me and/or my family in YMCA marketing, promotions, and print media. For more information on this policy please call 208.344.5502 ext. 282.

By signing below I (we), agree to all policies outlined above

Primary Adult Name

Signature

Date

Second Adult Name

Signature

Date

Additional Family Member 18+

Signature

Date

Additional Family Member 18+

Signature

Date

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



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Current Activity Level:

- Regular/Active Exerciser Start/Stop/Currently Non Exerciser
 Non or New Exerciser Other/Prefer Not to Say

What would like to learn more about?

- | | | |
|---|---|---|
| <input type="checkbox"/> Aquatic Fitness | <input type="checkbox"/> Family Activities | <input type="checkbox"/> Swim Lessons |
| <input type="checkbox"/> Camp Horsethief | <input type="checkbox"/> Fun Runs/Triathlons | <input type="checkbox"/> Swim Team |
| <input type="checkbox"/> Cardio Fitness | <input type="checkbox"/> Group Exercise | <input type="checkbox"/> Teen Programs |
| <input type="checkbox"/> Child Care/Kid Zone | <input type="checkbox"/> Older Adult Programs | <input type="checkbox"/> Youth Programs |
| <input type="checkbox"/> Court Sports | <input type="checkbox"/> Personal Training | <input type="checkbox"/> Youth Sports |
| <input type="checkbox"/> Disease Prevention/
Maintenance | <input type="checkbox"/> Strength Training | <input type="checkbox"/> Other: _____ |

How did you hear about the Y?

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Friend/Family | <input type="checkbox"/> Employer | <input type="checkbox"/> TV/Radio Ad |
| <input type="checkbox"/> Rejoining | <input type="checkbox"/> Social Media | <input type="checkbox"/> In the Mail |
| <input type="checkbox"/> Medical Referral | <input type="checkbox"/> YMCA Website | <input type="checkbox"/> Y Program |
| <input type="checkbox"/> Live in Area/Walk-In | <input type="checkbox"/> Search Engine | <input type="checkbox"/> Other: _____ |

What are you hoping to gain from the Y?: _____

Interested in being more engaged with the Y?

Volunteers of the Y:

- * Lead our Board of Directors and Advisory Committees
- * Raise funds to ensure the Y is accessible to all members of the community
- * Coach our sports teams and teach many of our classes
- * Motivate and support youth in building the character strengths, skills and relationships that lead to positive behaviors, better health, smart life choices, and the pursuit of higher education and goals

Give to the Annual Campaign:

The Treasure Valley Family YMCA's Annual Campaign is an annual fundraising campaign that supports the Y's Financial Assistance program which ensures all youth, adults and families can participate in Y membership and programs, regardless of their ability to pay. The

To apply to volunteer or make a donation visit our website at www.ymcatvidaho.org and visit the *Support Our Cause* page.

