



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Membership Application

## Where will you be joining today?

- Caldwell YMCA
- Downtown Boise YMCA
- Tomlinson South
- Meridian YMCA
- West Boise YMCA

## 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
- Renew Active

## Additional Services

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

## Staff Use Only

### Staff Checklist:

- Daxko Entry
- YMCA App
- Raptor
- Signature
- Onboarding Checklist

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

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

## Fees

Prorated Dues: \$ \_\_\_\_\_

Join Fee: \$ \_\_\_\_\_

Towels: \$ \_\_\_\_\_

Kid Zone: \$ \_\_\_\_\_

Locker: \$ \_\_\_\_\_

Subtotal: \$ \_\_\_\_\_

Sales Tax: \$ \_\_\_\_\_

**Total Paid At Application:** \$ \_\_\_\_\_

## Notes:

## 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, middle, last)	Age	Date of Birth	Email	Gender	Relationship to Member

## 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: \_\_\_\_\_



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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

### YMCA Personal Pricing Plan *(Complete only if you're requesting financial assistance for your membership)*

The Treasure Valley Family YMCA believes everyone should have the opportunity to benefit from YMCA membership, programs and services. The YMCA's Personal Pricing Plan allows members to begin their YMCA membership at a rate that fits their individual or family's need. Member will be required to complete the Personal Pricing Plan form, gather all required documentation and turn all in to the YMCA within 30 days from initial sign-up date. A YMCA staff member will process your application and reach out regarding your determined Personal Pricing Plan rate.

I can pay a rate of \$ \_\_\_\_\_ /month for the first 30 days

By signing below, I acknowledge that I have received a temporary Personal Pricing Plan membership rate with the Treasure Valley Family YMCA. I understand that I have 30 days from the date of registration to complete the Personal Pricing Plan application, gather all required documentation and turn it in to the YMCA. I understand that if I do not return the above documentation to the YMCA within 30 days of my registration date my membership rate will move to full price pending receipt of these documents. I understand that my YMCA membership rate may change based on YMCA Personal Pricing Plan award guidelines and that the YMCA will contact me prior to any change in my monthly rate.

**YMCA Staff Use**

On The Spot PPP%: \_\_\_\_\_

On The Spot PPP Rate: \_\_\_\_\_

Date of Registration: \_\_\_\_\_

Documentation Needed By: \_\_\_\_\_

Staff Processing Request: \_\_\_\_\_

Primary Adult Signature

Date



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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"/> Y Camp at 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/<br>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 campaign is primarily run by community volunteers.

To apply to volunteer or make a donation, visit our website at [www.ymcatvidaho.org](http://www.ymcatvidaho.org) and visit the *Give* page.

