



# YMCA OF SNOHOMISH COUNTY

## MEMBERSHIP APPLICATION

**Please select membership type:**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Youth (0-18)        | <input type="checkbox"/> Family* - 2 Adult | <input type="checkbox"/> Renew Active    | <input type="checkbox"/> Access For All                  |
| <input type="checkbox"/> Young Adult (19-29) | <input type="checkbox"/> AOA/Senior (65+)  | (United Healthcare)                      | Income Level (Circle one): A B C D E                     |
| <input type="checkbox"/> Adult (30-64)       | <input type="checkbox"/> SilverSneakers    | <input type="checkbox"/> Tulalip         | <input type="checkbox"/> Big Brothers Big Sisters (BBBS) |
| <input type="checkbox"/> Adult Couple        | <input type="checkbox"/> Silver&Fit        | <input type="checkbox"/> YMCA STAFF (FT) | <input type="checkbox"/> Other _____                     |
| <input type="checkbox"/> Family* - 1 Adult   | <input type="checkbox"/> Reciprocal        | <input type="checkbox"/> YMCA STAFF (PT) |  |

\* Family is defined as one or two adults and their dependents who are under the age of 19 or a full-time student (with valid student ID), or a person for whom the member(s) claims a tax deduction. All family members must reside at the same address.

Everett    Marysville    Mill Creek    Monroe    Mukilteo    Stanwood-Camano   **Membership #:** \_\_\_\_\_

**PRIMARY MEMBER**

<b>N A M E</b>	First Name:		Middle Name:	Last Name:		
	Date of Birth:                    /                    /			Gender:		
	Cell Phone:			Permission to Text (18+ years old): <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Primary Account Email:					
<b>H O M E</b>	Street Address:				Apt/Unit #:	
	City/State/Zip:			Home Phone:		
<b>W O R K</b>	Employer Name:			Position/Occupation:		
	Street Address:				Apt/Unit #:	
	City/State/Zip:			Work Phone:		

**SECOND ADULT MEMBER or Parent/Guardian for applicants under 18 years**

<b>N A M E</b>	First Name:		Middle Name:	Last Name:		
	Date of Birth:                    /                    /			Gender:		
	Cell Phone:			Permission to Text: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>W O R K</b>	Employer Name:			Position/Occupation:		
	Street Address:				Apt/Unit #:	
	City/State/Zip:			Work Phone:		

**DEPENDANTS**

First Name	MI	Last Name	DOB	Gender
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	
			/ /	

<b>EMERGENCY CONTACT (REQUIRED)</b> Other than in your household	Name:	Phone: (    )    -    -    -    -    -    -
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## CONDITIONS OF MEMBERSHIP

**Access For All:** The YMCA of Snohomish County welcomes people of all socioeconomic backgrounds. The YMCA of Snohomish County makes every effort to ensure that no person, especially youth will be denied access to programs because of financial hardship.

**Member Health:** The applicant(s) represents that they are in physically sound condition and understands that participation in group exercise and other exercise, weight training, recreational sports, and use of pools, spas, saunas, steam rooms and fitness equipment carry a potential risk of injuries or illness. The applicant further understands that the YMCA of Snohomish County assumes no responsibility for any such injury or illness.

**Member Conduct and Right to Use the Facility:** The applicant(s) agrees to abide by all policies and procedures of the YMCA of Snohomish County and its branches; and understands that failure to act in accordance with these rules may result in expulsion from the YMCA and revocation of the membership. 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. **Registered Sex Offenders (Levels 2 or 3) may not apply to become YMCA members.**

**Property Loss:** The applicant(s) understands that the YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities, including parking lots, or participating in YMCA programs.

**Photo/Audio/Narrative Permission:** The applicant(s) hereby gives permission now and for all time for the YMCA of the USA or any of its chartered member associations in the United States (collectively "the Y"), and collaborating third parties to use, without limitation or obligation, photographs, film footage, tape recordings, or narrative accounts of my experience which may include the applicant(s) image or voice for purposes of promoting or interpreting YMCA programs. My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale, or exhibition in promotions, advertising, education, and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

**Insurance:** The applicant(s) understands that the YMCA does not provide any accident or health insurance for its members or participants and further understands it is the applicant's responsibility to provide such coverage.

**Medical Treatment:** The applicant(s) gives permission for YMCA staff or volunteers to provide emergency medical treatment, and to transport to an emergency center for treatment. Also, the applicant(s) consents to medical treatment deemed immediately necessary or advisable by a physician.

**Release of Liability/Participation:** I am an adult age 18 or older and wish to participate in YMCA activities. In addition, if applicable, I give permission for my dependents to participate in YMCA activities. I understand that accidents can sometimes happen. Therefore, in exchange for the YMCA allowing me, and if applicable, my spouse and my dependents to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its employees, its boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its employees, boards, members, volunteers or guests. In addition, 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

### BILLING POLICY

I hereby authorize the YMCA of Snohomish County to initiate debit transactions to my account on file, and the financial institution or credit card on file to debit the same to such account on the days of each month I've indicated below. Should my bank or credit card, for any reason, not honor any draft specified below I realize that I am still responsible for that payment plus a processing fee. I understand that any returned drafts will be collected electronically and a processing fee of \$30 will be added and electronically debited from my account. This is in addition to any service fee my bank may charge me. This authorization is to remain in effect until the YMCA of Snohomish County has received at least 3 days written notification prior to my next draft date. Changes made to bank accounts or membership types and/or cancellations will only be accepted in writing. Membership, program and child care fees are subject to change. Please keep us informed of address, phone number, bank account, or credit card changes.

**Draft Date (check one):** \_\_\_ 1st OR \_\_\_ 15th **Monthly Rate:** \_\_\_\_\_ **Initials:** \_\_\_\_\_

### REGISTERED SEX OFFENDER CHECK

Is any applicant a Registered Sex Offender (Levels 2 or 3)?  No  Yes If yes, name: \_\_\_\_\_

### SIGNATURES OF ALL MEMBERS AGE 18 OR OLDER or Signature of Parents/Guardian of Applicants Under 18

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

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

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

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

### HOW DID YOU HEAR ABOUT THE YMCA?

Social Media (Facebook, etc)  Google Search  Friend/Family Member  Other \_\_\_\_\_

### SOCIAL RESPONSIBILITY

Giving back and inspiring action in our communities through the YMCA and Big Brothers Big Sisters. The Y and BBBS are charitable nonprofit organizations that rely on donations and volunteers to support our programs, lead our boards, and provide financial resources ensuring equity of access to our programs and services. We know that when we work together to strengthen our community, we move individuals, families, and communities forward and everyone has the opportunity to thrive. Join us in this movement!

**YES, I would like to know more about how I can get involved with the Y and BBBS through donations and/or volunteering.**

### FOR OFFICE USE ONLY

Bank Draft  Credit Card Draft Last 4 digits of Credit Card: \_\_\_\_\_

**Program Membership Fee:** \_\_\_\_\_

**Total Paid:** \_\_\_\_\_

**Date Entered:** \_\_\_\_\_

**Staff Name:** \_\_\_\_\_