



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ACCESS FOR ALL

Income-Based Assistance Program Application

THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the Crossroads YMCA ensures that every individual has access to the essentials needed to learn, grow and thrive.

EVERYONE IS WELCOME

Crossroads YMCA welcomes all who wish to participate and believes that no one should be denied access to the Y based on their ability to pay. Through our income-based assistance program, the Y provides assistance to youth, adults and families based on individual needs and circumstances.

COMMITTED TO OUR COMMUNITY

This income-based assistance program is supported by staff, board, members and our community. Determining the amount of assistance is handled by the YMCA branches in a fair and consistent manner. Every YMCA member receives the same membership benefits, regardless of whether or not they receive assistance. YMCA members can feel confident knowing that they are a part of an organization that cares greatly for the well-being of all people and is committed to youth development, healthy living and social responsibility.



HOW THE Y HELPED ME...

"Income-based assistance will help to allow my daughter to obtain a higher education at an age that she truly understands schooling. The assistance will also help to allow myself, and my family, to continue a healthier lifestyle and join the different activities the YMCA provides."

Income-Based Assistance Application (5 easy steps)

(1) Branch: Griffith Hammond Southlake Whiting

First Name _____ M.I. _____ Last Name _____

Gender (M or F) _____ Birth Date ____/____/____ Marital Status _____
(single, married, divorced, separated)

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell/Other Phone _____

Email _____

Emergency Contact _____ Phone _____

Relation _____

(2) I am applying for

Young Adult
(18-26 years)

Adult
(27-64 years)

Senior
(65+ years)

Senior Couple
(65+ years)

Family
(1 or 2 adult household and/or dependents)

Tell us in your own words how this scholarship will benefit you (use extra page if needed)

Yes, you can use my story to help others learn more about the Y No, please do not share my story

(3) List All Persons Living in the Household

Name (First/Last)	Relationship	Sex	Birth Date	Age

(4) To qualify for assistance, provide the following documents:

I FILED TAXES FOR LAST YEAR

- I am an individual filing jointly. I am providing one 1040 form.
- We filed more than ONE tax form in our household, we are providing ____ 1040 forms.

Total income filed \$ _____

30 days of income including paychecks (required)

\$ _____ x 12 = \$ _____
 30 day income months total annual household income

I DID NOT FILE TAXES FOR LAST YEAR

- My household income has changed since I filed for taxes last year.
- Documentation of government assistance. (see below)

Additional Information:

The purpose of the Income-based assistance program is to provide all members of the community access to the Crossroads YMCA programs and services. In accordance with the national mission: "No person shall be denied participation because of race, creed, gender, or the ability to pay." This program will enable the YMCA to serve participants in need of income based assistance.

Government Assistance:

	Adult 1	How Often	Adult 2	How Often
Food Stamps	\$ _____	_____	\$ _____	_____
AFDC/SSA/SSI	\$ _____	_____	\$ _____	_____
Unemployment	\$ _____	_____	\$ _____	_____
Child Support	\$ _____	_____	\$ _____	_____
Alimony	\$ _____	_____	\$ _____	_____
Retirement/Pension	\$ _____	_____	\$ _____	_____
Other Extenuating Circumstances	\$ _____	_____	\$ _____	_____

(5) Please Read the Following & Sign

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION FOR PROGRAMS AND ACTIVITIES of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in and off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, immediately upon entering or participating inspected and carefully considered such premises and facilities or the affiliated programs. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the Family YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any programs affiliated with the Family YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be broad and inclusive as is permitted by the law of the State of Indiana and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE.

Signature _____ Date _____
(Applicant)

Signature _____ Date _____

Signature(s) are required to receive your membership key card.

Crossroads YMCA Addendum to Membership Agreement

Note: 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.

Bank drafts are withdrawn on the first (1st) or fifteenth (15th) of every month; therefore a **Cancellation form MUST be completed in writing 30 days prior to cancelation date.** If filled out later than 30 days prior to draft, membership will be cancelled the following month.

Bank drafts come out on the first (1st) or fifteenth (15th) of every month when the draft is a Saturday/Sunday or Holiday it may draft up to two days before or after the draft date. The following is our return policy:

- In the event an "ACH" item, debit card or credit card draft is returned due to non-sufficient funds or inactive account, every effort will be made to contact you regarding the return.
- If a credit or debit card is returned then a draft will be attempted 24-36 hours after the return. If declined then an attempt will be made to contact you regarding the fees. Two other attempts will be made if failure to contact.
- The YMCA will not charge late fees for declined, lost, stolen or expired debit and credit cards if the fees can be paid by the end of the month.
- If an ACH is returned contact will be attempted before we try to draft. It is your responsibility to make sure that we have current phone and email information so that the YMCA can contact you before redrafting. If all attempts fail to contact you then the ACH draft will be attempted near the end of the month.
- If all attempts have failed and you have two consecutive returns then your membership will be cancelled until payment has been made.
- The Crossroads YMCA will not be responsible for any additional charges you may incur from your banking institution due to having insufficient funds in your account.

If you change your bank information for any reason it is your responsibility as a member to update your information at the service desk. Anyone that falls behind in making payments on monthly dues for more than **15 business days** may have their **membership cancelled**. You will not be able to use the Y for any reason and will be held responsible for any outstanding balance owed.

Membership fees are non-refundable except in the case of a member who paid in full year in advance and are dealing with an injury, major illness or moving from the area. Credits expire after one year.

Photo/Website/Facebook Release:

For my participation in activities to be conducted by the Crossroads YMCA, Inc., I hereby give my permission and consent, now and for all time, to Crossroads YMCA, Inc. to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my children. I understand that my experience within said activities may be used for advertising in Crossroads YMCA, brochure, Facebook account or Website without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, any minor if identified will only be by first name or Initial only.

- Any video film, recordings, and photo reproductions of me and/or my family experience during said activities, I authorize, according to this Release, shall belong to Crossroads YMCA therefore, we will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my family.
- Crossroads YMCA, Inc. and collaborating third parties shall not be liable for any use or disclosure to a third party of any video film, footage, recordings and photo reproductions of me and/or families account of our experience.
- I agree that I am 18 years of age or older and my consent and this release are irrevocable. I hereby release and discharge Crossroads YMCA and collaborating third parties from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my families' narrative account of our experience as described herein.

The above membership terms have been explained thoroughly to me and my signature is my acceptance that I fully understand them and will abide by them.

Signature: 18 years or older, youth memberships must be signed by parent/guardian

Date



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AUTHORIZATION AGREEMENT TO HONOR BANK DRAFT/CREDIT CARD DRAWN BY THE YMCA

I (we) hereby authorize the Crossroads YMCA to initiate debit entries to my (our) account as indicated below at the depository financial institution named below, hereinafter called DEPOSITORY and to debit the same to such account. Any change in my membership fee shall, after notice to me, constitute a change in my monthly bank draft amount.

Member Name: _____ DOB: _____
(Please Print)

Draft Date: 1st 15th

Home YMCA Branch: Griffith Hammond Southlake Whiting

EFT/CHECKING AUTHORIZATION

Name of Depository (Bank): _____ Checking Savings

Routing # _____ Account #(Last 4) _____

This authorization is to remain in full force and effect until the Crossroads YMCA Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Crossroads YMCA Inc. and DEPOSITORY a reasonable opportunity to act on it.

Name: _____ Date: _____
(Please Print)

Signed: _____

Please have a check or a letter from the bank to verify the above information. Once verified the check/letter will be returned to you.

CREDIT/DEBIT CARD AUTHORIZATION

Name on Card: _____ Visa MasterCard Discover
 Debit Credit (3% monthly fee added)

Last 4 #'s of card _____ Expiration Date: _____

This authorization is to remain in full force and effect until the Crossroads YMCA Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Crossroads YMCA Inc. and CREDIT CARD Company a reasonable opportunity to act on it. **I understand that I will be drafted an additional 3% of the monthly fee by selecting the Credit Card Draft.**

Signed: _____ Date: _____