



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CROSSROADS YMCA MEMBERSHIP APPLICATION

*Branch: Griffith Hammond Hobart Schererville
 Southlake Whiting

Full Name

First _____ Middle _____ Last _____

Gender _____ Birth Date ____/____/____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell/Other Phone _____

Email _____

Emergency Contact _____ Phone _____

*Your Membership must be active at the branch you visit most frequently



Membership Type

- Family (1 or 2 adult household and/or dependents)
- Youth (12-17 years)
- Young Adult (18-26 years)
- Adult (27-64 years)
- Senior (65+ years)
- Senior Couple (65+ years)

Individuals in Membership

First	Full Name Middle	Last	Relationship	Gender	Birth Date

Areas of Interest

- Adult Aquatics
- Adult Programs
- Adult Sports
- B/A Programs
- Day Care
- Group Exercise
- Personal Training
- Preschool Programs
- Summer Camp
- Swim Team
- Volunteer
- Wellness Workshops
- Youth Aquatics
- Youth Programs
- Youth Sports

Additional Member Information

- Asian
- Black or African-American
- Hispanic/Latino
- Middle Eastern or North African
- Native American/Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Other
- White
- Two or more races
- Unknown

ACCESS FOR ALL | INCOME-BASED ASSISTANCE PROGRAM

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 young adults, adults and families based on individual needs and circumstances. Households with an annual income of \$70,500 or less may qualify for income-based assistance. If you would like to determine your eligibility, please complete the information below.

Number of Persons Living in the Household: _____

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 household income including paychecks (required)

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

I DID NOT FILE TAXES FOR LAST YEAR

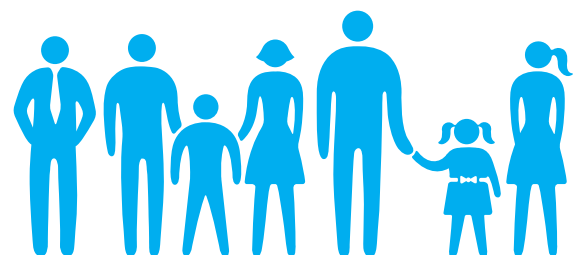
- My household income has changed since I filed for taxes last year.
- Documentation of government assistance (see below)

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 service participants in need of income-based assistance.

Government Assistance

	Household	How Often		Household	How Often
Food Stamps	\$ _____	_____	Alimony	\$ _____	_____
AFDC/SSA/SSI	\$ _____	_____	Retirement/Pension	\$ _____	_____
Unemployment	\$ _____	_____	Other Extenuating Circumstances	\$ _____	_____



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.

I hereby grant permission for the staff of the YMCA to take whatever steps necessary to obtain medical care for my child if warranted. These steps include the following: (1) To administer First Aid; (2) To contact parent/guardian or person listed on emergency contact. If necessary, an ambulance will be called to transport the child to an emergency medical center. I understand that I will be held responsible for all medical/ambulance charges.

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 & 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.

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 _____

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

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 cancellation 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 **30 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.

Cross Branch Utilization:

Members of Crossroads YMCA are welcome to visit any branch within the association. We ask that at least 50% of your membership unit's total monthly visits be to your primary branch (the branch that collects your membership dues). When primary branch visits fall below 50%, you will be asked to either utilize your primary branch above 50% or change your primary branch to the branch being used more frequently.

Photo/Website/Facebook Release:

For my participation in activities to be conducted by the Crossroads YMCA, I hereby give my permission and consent, now and for all time, to Crossroads YMCA, 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 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 Hobart Schererville 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 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 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

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

This authorization is to remain in full force and effect until the Crossroads YMCA 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 and CREDIT CARD Company a reasonable opportunity to act on it.

Signed: _____ Date: _____