



# Dubuque Community Y Membership Application

PLEASE PRINT

Membership Type:		Discount Group: (if applies)		<input type="checkbox"/> Income Based Pricing	Staff User ID:	Director Review:	
				<input type="checkbox"/> Y@Work Verification			
<b>Value-added Options:</b> <input type="checkbox"/> Men's Full Service Locker room <input type="checkbox"/> Men's Kit Locker <input type="checkbox"/> Women's Kit Locker <input type="checkbox"/> Towel Service		Household Income Level: * <input type="checkbox"/> Under \$10,000 <input type="checkbox"/> \$10,000-14,999 <input type="checkbox"/> \$15,000-24,999 <input type="checkbox"/> \$25,000-34,999 <input type="checkbox"/> \$35,000-49,999 <input type="checkbox"/> \$50,000-74,999 <input type="checkbox"/> \$75,000 over *This information is used for United Way guidelines & to ensure we are meeting the needs of the community.		Race/Ethnicity: * <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hawaiian/Pacific Isl.		<input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Two or more races	
Primary Member <b>LEGAL</b> Name (Last, First, MI):					Birth date: / /		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
<b>ADDITIONAL HOUSEHOLD MEMBERS ON MEMBERSHIP</b>	Full <b>LEGAL</b> Name (Last, First, MI)				Birth date: / /		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
	Full <b>LEGAL</b> Name (Last, First, MI)				Birth date: / /		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
	Full <b>LEGAL</b> Name (Last, First, MI)				Birth date: / /		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
	Full <b>LEGAL</b> Name (Last, First, MI)				Birth date: / /		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address:				City:		State:	Zip:
Email Address:				Preferred Phone: (    )		<input type="checkbox"/> Home <input type="checkbox"/> Cell	
Emergency Contact Name:				Phone: (    )			

**Participant Agreement (Please read, sign & date the following):**

I/we \_\_\_\_\_ (initial here) verify that the information provided on this application is accurate. This includes, but is not limited to, the selection of membership category and covered individuals. I/we further agree to adhere to the rules of the Dubuque Community Y. If these rules are not followed, I/we agree that the Dubuque Community Y reserves the right to take necessary disciplinary action, including temporary or permanent suspension of membership and total ban from admittance to use the facility.

I/we \_\_\_\_\_ (initial here) understand that the Dubuque Community Y assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise, or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses, which may result from my participation in these activities. I hereby release and discharge the Dubuque Community Y, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities. I/we agree that the Dubuque Community Y shall not be responsible for any personal injuries or losses sustained by me/us while on any Y premises, or as a result of any Y-sponsored event. I understand that the Dubuque Community Y is not responsible for personal property lost or stolen while member and/or program participants are using YMCA facilities or on YMCA premises.

I/we \_\_\_\_\_ (initial here) further agree to indemnify and hold harmless the Dubuque Community Y from any claims or demands arising out of any such claims or losses. This membership is not a contribution to the Dubuque Community Y and is not tax deductible.

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. 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.

I/we \_\_\_\_\_ (initial here) DO give consent for now and all time to have myself and my family photographed or videotaped for use by the Dubuque Community Y and third parties in collaboration with the Dubuque Community Y in newspapers, publicity, advertisement, educational purposes, or any other media outlets without any compensation to, and/or claim by me.

<b>Primary Member Signature:</b> <b>(Parent/Guardian if minor under 18)</b>	<b>Date:</b>
Primary Member <b>LEGAL</b> Name (Last, First, MI):	FTID#:

## Dubuque Community Y Authorization to EFT Monthly Membership Payments

- My next monthly draft will be:

<p>\$ _____ on the <input type="checkbox"/> 1<sup>st</sup> of _____ from my <input type="checkbox"/> Checking or <input type="checkbox"/> Savings Account</p> <p>ENTER BANK ACCOUNT INFORMATION BELOW – PLEASE PRINT CLEARLY</p> <p>BANK ROUTING # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> BANK ACCOUNT # _____</p>
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- Bank draft payment plan is a CONTINUOUS MEMBERSHIP, and it will continue unless the Dubuque Community Y is **NOTIFIED IN WRITING 15 DAYS PRIOR TO NEXT DRAFT.**

**MEMBERS INITIALS:** \_\_\_\_\_

- Membership rates are subject to change; you will be notified in writing prior to any membership adjustments.
- I will notify the Dubuque Community Y of change in my bank, account, phone number or home address.
- I understand that, should any bank draft not be honored by my bank for any reason, I am responsible for that payment, PLUS any service fee assessed by the Dubuque Community Y. This is in addition to any service fees assessed by my bank. I also understand that I/my family will be denied access to the facility until the balance due is paid.
- **I attest that I have the authority to authorize recurring payments from this account.**

**MEMBERS INITIALS:** \_\_\_\_\_

I am interested in participating in two free personal training session (MYFIT Wellness Orientation)? Please check yes or no.

YES \_\_\_\_\_ NO \_\_\_\_\_



### The Y. For A Better Us. <sup>TM</sup>

Since 1866, the Dubuque Community Y has been working to make our community stronger by building healthy spirit, mind and body for all. We believe that every day, every person has the power to make their lives and community better. Our doors are open to all - no matter who they are or where they come from. The Y. For A Better Us.™ Annual Campaign supports these children, families, and seniors that are unable to pay for our much needed services and programs.

I/we authorize the Dubuque Community Y to **ADD \$** \_\_\_\_\_ to my monthly membership draft as a donation to The Y. For A Better Us.™ Annual Campaign.

<p><b>Account Holder's Signature:</b> (Parent/Guardian if minor under 18)</p>	<p><b>Date:</b></p>
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