



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME TO THE LANCASTER FAMILY YMCA

YOUR INFORMATION

Legal first name	MI	Last name	Email (primary means for member notices)		
Gender	Date of Birth		Employer (to determine possible corporate membership discount)		
Address		City	State/ZIP		
Primary Phone		Phone (alt)			
Interests	<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Group Fitness Classes	<input type="checkbox"/> Family Activities/Events	<input type="checkbox"/> Kids Programs	<input type="checkbox"/> Small Group Training
	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Personal Training	<input type="checkbox"/> Strength Training	<input type="checkbox"/> Volunteering	<input type="checkbox"/> Child Watch
	<input type="checkbox"/> Swimming	<input type="checkbox"/> Senior Activities/Events	<input type="checkbox"/> Medical	<input type="checkbox"/> Parents Night Out	<input type="checkbox"/> _____

HOW DID YOU HEAR ABOUT THE YMCA? (Check all that apply)

<input type="checkbox"/> Google Search	<input type="checkbox"/> Drive by	<input type="checkbox"/> YMCA member	<input type="checkbox"/> Social Media	<input type="checkbox"/> Friend
<input type="checkbox"/> Insurance Company	<input type="checkbox"/> Newspaper ad	<input type="checkbox"/> Employer	<input type="checkbox"/> Web page	<input type="checkbox"/> Mailer
<input type="checkbox"/> Doctor Recommended	<input type="checkbox"/> Other (please list) _____			

HOUSEHOLD INFORMATION

Name (Last, if different)	Gender	Date of Birth (MM/DD/YY)	Relationship	Phone	Email	Employer

EMERGENCY CONTACT

Emergency Contact Name	Emergency Contact Phone	Emergency Contact Phone (alt)
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ETHNICITY (optional)

Asian
 Hispanic
 African American
 Caucasian
 Native American
 Multi-Racial
 Other

HOUSEHOLD INCOME

Indicating your income helps the YMCA adjust its Income-Based Membership fee scale to accommodate our membership.

\$29,999 or less
 \$30,000 to \$39,999
 \$40,000 to \$49,999
 \$50,000 to \$59,999
 \$60,000 to \$69,999
 \$70,000 to \$79,999
 \$80,000 to \$99,999
 \$100,000 or more

Staff Notes

Staff Name _____ Tour Given By _____
 Trial
 Smart Start
 ID Scan
 Membership type or action _____
 Date _____ Customer ID # _____

LANCASTER FAMILY YMCA DRAFT AGREEMENT

INCOME-BASED MEMBERSHIP

YMCA Financial Assistance is possible thanks to generous donations from area residents who want to ensure that those in need have access to YMCA membership and programs. Eligibility for financial assistance will be determined once all required documentation has been received from the applicant. All information provided to the YMCA will remain strictly confidential. Eligibility is based upon demonstrated financial need. The Lancaster Family YMCA reserves the right to deny assistance to any applicant who provides false or misleading information, or whose income cannot be verified in accordance with YMCA policies. Warning: Any person who knowingly and with intent to defraud the YMCA, provides false or misleading information regarding their personal or family income will be assessed the full amount of their membership, retroactive to their initial join date.

Member/account holder initials here _____

COMMIT TO YOUR HEALTH MEMBERSHIP AGREEMENT

The term of the Commit to Your Health Membership is a minimum of twelve (12) months, beginning on the start date of membership. At the end of twelve (12) months, the Commit to Your Health Membership will continue on a month-to-month basis. You may opt to pay the membership fee in one lump sum or in equal monthly installments. If you decide to pay in equal monthly installments, the twelve (12) month Commitment to Health Membership is not eligible for bank draft cancellation until the thirteenth (13th) month of membership. Any costs for collection, past-due charges and bank charges incurred by the YMCA will be added to and collectible from you as part of your outstanding balance. **By my signature below, i acknowledge that i have read and understood the terms of the Commit to Your Health membership.**

Member/account holder initials here _____

DRAFT AGREEMENT

I understand this authorization is continuous until I cancel my membership in writing seven business days before the next scheduled draft. I understand I am responsible for submitting account changes in writing seven business days before a draft. I understand I am responsible for reviewing my bank/ credit card statement to ensure a draft has been stopped following my written notice. No refunds or credits are given. I understand I am responsible for membership fees if the YMCA is unable to debit my account because of account changes or insufficient funds. Returned drafts incur a \$20 service charge. Membership fees are subject to change with 30 days written notice. Members who age into a different membership category, or choose to switch membership categories, will be automatically transferred to that category and drafted at the new category rate. I have read and understand the terms of this agreement. I authorize my bank to honor pre-verified and/or verified monthly automatic YMCA membership dues and other authorized charges. Monthly draft amount \$_____. Monthly drafts at the end of the month will fall on, or around, the last day of the month.

Outdoor pool membership (additional fee): Lampeter-Strausburg YMCA

By my signature below, i agree to abide by the terms and conditions.

Member/account holder initials here _____

INFORMED CONSENT

ATTENTION-PLEASE READ THE FOLLOWING CAREFULLY. THIS WAIVER AFFECTS YOUR LEGAL RIGHTS.

In consideration of myself and all individuals on my account, including those under the age of 18, participating in programs and use of all facilities of the Lancaster Family YMCA (YMCA), I agree to waive, release, indemnify and hold harmless the YMCA and its respective officers, employees, volunteers and members for injuries, accidents and damages that result of my participation and all those on my account in the programs including but not limited to liability for its own negligence, and do hereby on behalf of myself, heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which may hereafter accrue to me and all those on my account arising out of or connected with participation in the programs, use of the YMCA facilities and property, or use of equipment within its facilities. I understand that even when every reasonable precaution is taken, accidents can sometimes occur. I further understand that the activities of the YMCA have inherent risks and I hereby assume all risks and hazards incidental to my participation in programs and the participation of all those on my account in the program(s) of the YMCA. The YMCA is not responsible for lost or stolen property. I acknowledge that my name will be processed through the registry of identified sex offenders. I understand that membership requires that I submit a photo ID at the time of application and that my photograph will be taken as part of the application process.

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.

I agree to allow the Lancaster Family YMCA to take digital images of those on this account, including those under the age of 18. I give the YMCA permission to incorporate the use of these digital images in print, broadcast and electronic/social media as it pertains to all aspects of YMCA business and marketing.

I UNDERSTAND THAT SIGNING BELOW DEMONSTRATES ACCEPTANCE OF THE ABOVE TERMS IN THEIR ENTIRETY.

Participant/Registration Holder Signature

(18 or older): X _____ (18 or older): X _____ (18 or older): X _____

(18 or older): X _____ (18 or older): X _____ (18 or older): X _____

Participant Under 18 requires Parent/Guardian Signature.

Parent/Guardian Signature: _____ Parent/Guardian Signature: _____

Thanks for joining the Y, where we're committed to helping kids and adults learn, grow and thrive.