



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CENTRAL LINCOLN COUNTY YMCA MEMBERSHIP

The CLC YMCA is a key collaborative leader improving the quality of life for all by being the champion for Youth Development, Healthy Living, and Social Responsibility.

PRIMARY ADULT (For all memberships, including youth)	Will you be applying for our financial assistance program for your membership? <input type="checkbox"/> Yes <input type="checkbox"/> No				
First Name: _____ MI: _____ Last Name: _____					
Home Address: _____					
City: _____ State: _____ Zip: _____					
Best Phone: _____ Second Best Phone: _____					
Email: _____					
Date of Birth: ____/____/____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____					
Race (Optional): <input type="checkbox"/> Native American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other					
Emergency Contact: _____ Emergency Phone: _____					
Employer: _____					
How did you hear about us? <input type="checkbox"/> Friend/Family <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Social Media <input type="checkbox"/> Online <input type="checkbox"/> School <input type="checkbox"/> Employer <input type="checkbox"/> Drove by					
I understand that I will receive periodic e-mails from the Y to keep me up to date, and that I can opt out at any time. <input type="checkbox"/> No thank you					
What Y Programs would you like to learn more about?					
<input type="checkbox"/> Before & After School Programs <input type="checkbox"/> FARMS at the Y					
<input type="checkbox"/> Child Watch <input type="checkbox"/> Family Activities					
<input type="checkbox"/> Summer Camp <input type="checkbox"/> Walking Track					
<input type="checkbox"/> Child Care <input type="checkbox"/> Tennis - Youth & Adult					
<input type="checkbox"/> Personal Training <input type="checkbox"/> Volunteering					
<input type="checkbox"/> Group Exercise <input type="checkbox"/> Youth Activities/Sports					
(Specific classes? _____) <input type="checkbox"/> Other: _____					
Are you interested in volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No In what capacity? _____					
Household Income (Optional): <input type="checkbox"/> \$0-13,999 <input type="checkbox"/> \$14,000-24,999 <input type="checkbox"/> \$25,000-39,999 <input type="checkbox"/> \$40,000-54,999 <input type="checkbox"/> \$55,000-74,999 <input type="checkbox"/> \$75,000+					
<small>The CLC YMCA is a nonprofit and firmly believes in serving all people. Therefore, this information is important so we can better understand the breadth of diversity of those we serve. Having this information also assists in funding opportunities which allows us to serve more people.</small>					
SECOND ADULT MEMBER OR YOUTH ONLY MEMBER	First Name: _____ MI: _____ Last Name: _____				
	Date of Birth: ____/____/____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____				
	Race (Optional): <input type="checkbox"/> Native American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other				
	Cell/Other Phone: _____ Email: _____				
	Employer: _____ Emergency Contact: _____				
Emergency Phone: _____ Relation to Contact: _____					
HOUSEHOLD MEMBERS	First Name: _____ MI: _____ Last Name (if different): _____ Gender: _____ Date of Birth: ____/____/____				

CLC YMCA ANNUAL FUND

The CLC YMCA is a nonprofit organization providing millions in financial assistance and program support to the local community each year, so that everyone can learn, grown, and thrive. As a charity, we rely on the generosity of donors to continue our work.



I would like to make a *one-time* donation:

\$25 \$50 \$100 Other amount: \$_____

LIABILITY AND PHOTO RELEASE

I undersigned and understand the risks involved in YMCA programs and membership, that they involve activity which can create the possibility of serious injury, paralysis and even death. I hereby give permission for the registrant to receive emergency medical treatment should it be necessary. I also understand the Central Lincoln County YMCA and its employees shall not be liable for injury sustained at the YMCA. I also hold the Central Lincoln County YMCA and staff harmless for any accident or injury that might occur. I give permission for the YMCA to use photographs and videos of the registrant for promotion and public relations. The CLC YMCA has the right to terminate your membership for any reason.

MEMBER CODE OF CONDUCT

Together, we can all do more to help strengthen our community. Toward that end, the CLC YMCA membership should consistently celebrate the YMCA core values of caring, honesty, respect, and responsibility with behavior that illustrates those values. The CLC YMCA reserves the right to suspend or terminate membership privileges for behavior not in accordance with our values.

MEMBERSHIP ACCOUNT POLICIES

Memberships: Monthly memberships require a monthly EFT draft plan. Annual memberships require a 12-month enrollment and require payment by check, credit card, or cash. Membership is continuous until canceled. YMCA membership is non-refundable and non-transferable.

Drafting Date: EFT deductions will be taken out on the 15th of the month. The YMCA reserves the right to re-attempt an EFT deduction within 15 days if the bank draft or credit card returns due to insufficient funds or any other reason.

Account Changes: You must notify the Y using the CLC YMCA Change form in advance of any membership updates, changes or bank account or credit card changes.

Payment Returns and Unpaid Balances: All bank drafts and credit cards returned due to insufficient funds, closed accounts, or any other reason will be charged a \$20 processing fee. Members will be denied YMCA access if they have an unpaid balance and have not set up a payment arrangement with the YMCA Finance office.

Cancellations: Memberships may be canceled at any time provided you notify the Y using the YMCA Change Form. **Thirty (30) days** notice is required for termination of membership. I further understand that canceling my membership does not relieve me of the responsibility to pay my account in full.

Holds: Memberships may be placed on hold at any time up to a max of 6 months provided that you notify the Y, in writing using the YMCA Change Form 30 days prior to needing the hold. A \$5 per month holding fee will be applied. A medical hold is available at no cost to those who provide documentation from a licensed physician.

Credits/Refunds: YMCA memberships, registration fees and deposits are non-refundable and nontransferable. Fees for members who leave the CLC YMCA for behavioral reasons will not be refunded. Program fees are refunded or prorated at the discretion of the program director.

FOR YOUR SAFETY

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.

Signature: _____ Date: _____
(A parent or guardian must sign if applicant is under 18 years of age)

FOR OFFICE USE - STAFF TO COMPLETE	TOUR DATE: ____/____/____	GUIDE: _____	WELCOME EMAIL: Date sent: ____/____/____
	WELLNESS ORIENTATION: Did member sign up for orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No		EMPLOYER DISCOUNT: _____
	TYPE OF MEMBERSHIP	PAYMENT	FINANCIAL ASSISTANCE <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Family	Membership Fee \$ _____	MFA ASSISTANCE <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Adult	Joiner's Fee \$ _____	DRAFT INFORMATION
<input type="checkbox"/> Youth (0-18)	Child Watch \$ _____	1 st Draft Date: ____/____/____	
<input type="checkbox"/> Young Adult (19-25)	Locker \$ _____	Mem Draft Amt \$ _____	
<input type="checkbox"/> Senior Individual (65+)	Total Paid \$ _____	MFA INFORMATION :	
<input type="checkbox"/> Senior Couple (65+)	PAYMENT TYPE	Mem Draft % DISCOUNT _____	
<input type="checkbox"/> Seasonal _____	<input type="checkbox"/> Credit <input type="checkbox"/> Check/EFT	Annual Income \$ _____	
UNIT ID #: _____	<input type="checkbox"/> Cash (Annual Only)	Verified Document: _____	