



# LAKOTA FAMILY YMCA

6703 YANKEE ROAD, LIBERTY TWP., OH 45044

513.779.3917 WWW.LAKOTAYMCA.COM

HELPCENTER@LAKOTAYMCA.COM

## MEMBERSHIP APPLICATION

TODAY'S DATE: \_\_\_\_\_

### MEMBERSHIP CATEGORY initial the category you will be using.

**BASIC:** \_\_\_\_\_ This is a non contract, that is month to month paid. You can cancel anytime with no penalties by following the cancellation process. This category is subject to rate increases with a 30 day notice.

**STANDARD:** \_\_\_\_\_ This is a 12 MONTH contract, that is paid by the month. You agree to make 12 payments, the first on the date of joining followed by 11 additional payments on the 1<sup>st</sup> of the month each month. You understand that after the 12 payments, the payments will continue until you choose to cancel and follow our cancellation policy. This category is subject to rate increases with a 30 day notice.

**PREMIUM:** \_\_\_\_\_ This is a 12 MONTH contract paid in full at the start of the membership. You understand that the membership goes from date to date and will automatically terminate 1 year from date of joining. You will receive a renewal letter 45 days prior to your termination date letting you know you can renew. This locks you in from any increases during the time of your contract, but is subject to rate increases upon contract renewal.

### MEMBERSHIP TYPE:

- 1 Adult with Dependents**  
One adult and all dependent children residing in the same household through the age of 18 and/or unmarried dependent children through the age of 27 who are full-time students
- 2 Adults with Dependents**  
2 adults and all dependent children residing in the same household through the age of 18 and/or unmarried dependent children through the age of 27 who are full-time students
- Household Plus**  
Two or more adults (father, mother, sister, etc.) residing in the same house and their dependent children. \*Proof of residence is required.
- Single 18 –54 years**
- Senior Single 55 years and over**
- 2 Adults**  
Two adults, aged 18 and over, residing in the same household.

### POLICY & PROCEDURES:

**MEMBERSHIP CANCELLATION POLICY:** We understand that life changes, and sometimes so do your plans. To cancel your membership:

- Cancellations must be submitted by via email or in person by the 15th of the month to avoid being charged for the next billing cycle. No cancellations will be accepted over the phone.
- If you are under a 12-month contract and choose to cancel early, you will be required to pay the difference between the contract rate and the standard non-contract rate for each month fulfilled.

**SERVICE FEES:** A service charge of \$25.00 will be charged for any returned check.

**MEMBERSHIP CARDS:** I understand that all persons on this membership account are required to have a photo on file and must present their membership card for admission. Membership cards are non-transferrable. Abuse of any membership card may result in termination or suspension of the membership.

**LIABILITY:** I recognize that participation in the Lakota Family YMCA activities or programs may expose me to some risk of injury, illness or death. I assume all liability for myself and everyone on my membership and agree to hold the Lakota Family YMCA harmless from any claims for damage to any property or injury to persons which may occur through participation in any activity or program at the Lakota Family YMCA.

**PHOTO/TALENT RELEASE:** I hereby irrevocably release consent and allow the Lakota Family YMCA and its agents to use my photograph/likeness/voice as it pertains to my participation with the Lakota Family YMCA, in any manner for promotions efforts without exception for any reimbursement in connection with its use.

**SEXUAL HARASSMENT/SEXUAL OFFENDER:** To keep our members and guests safe, it is against the Lakota Family YMCA policy to allow any sexual harassment behavior on our property. If a member is found guilty of sexual harassment their membership will be terminated immediately. If at any time a member is found a sexual offender, their membership will be terminated immediately. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs the Lakota Family YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

**PRIVACY POLICY:** 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, the fullest extent of the law.

**CODE OF CONDUCT:** The Lakota Family YMCA is founded on Christian Principles and prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language or attire, smoking, use of alcohol or drugs, the removal of the Lakota Family YMCA property and criminal conduct of any type. Such inappropriate behavior or conducts is unacceptable and the Lakota Family YMCA consequently retains the right to deny membership to its applicants and to revoke a membership of any current member or participants at its sole discretion.

• Lakota Family YMCA expects members to abide by our Code of Conduct and all Membership Policies and reserves the right to terminate memberships upon non-payment of fees or inappropriate conduct.

#### ACCEPTANCE

I accept all provisions of membership set forth on the Policy & Procedures, and understand the Mission of the Lakota Family YMCA, hereby apply for membership. I understand that information given for the Lakota Family YMCA membership is property of the Lakota Family YMCA and is kept confidential by the Lakota Family YMCA and its representatives.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PRIMARY MEMBER**

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female Undefined

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Primary Email: \_\_\_\_\_

\*\*\*\*\*You will be automatically subscribed to our email and texting service. You may opt out at anytime.

**ADDITIONAL ADULT MEMBER (if applicable and MUST reside in same household) Required to proof**

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female Undefined

Phone: \_\_\_\_\_ Employer/School: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to Primary: \_\_\_\_\_

\*\*\*\*\*You will be automatically subscribed to our email and texting service. You may opt out at anytime.

**IN CASE OF EMERGENCY (preferred not someone in the same household)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**DEPEDENDENTS (if applicable): \*Must reside in the same household. \*Be 26 years of age and under residing in the same household. \*May require proof of dependency or residence.**

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female Undefined

Relationship to Primary: \_\_\_\_\_ Employer/School: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female Undefined

Relationship to Primary: \_\_\_\_\_ Employer/School: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female Undefined

Relationship to Primary: \_\_\_\_\_ Employer/School: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female Undefined

Relationship to Primary: \_\_\_\_\_ Employer/School: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female Undefined

Relationship to Primary: \_\_\_\_\_ Employer/School: \_\_\_\_\_

**MEMBER ENGAGEMENT**

How did you hear about us?: \_\_\_\_\_

if a friend referred you, ask about Get a Member, Get a Month!

Areas of Interest: Aquatics Child Care Family Recreation Fitness Other: \_\_\_\_\_

**Front Desk:**

Membership Category: \_\_\_\_\_ Membership Type: \_\_\_\_\_ Join Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Discount Group (if applicable): \_\_\_\_\_ Other Adjustments: \_\_\_\_\_

Health Program ID Number (if applicable): \_\_\_\_\_ Drivers License for 18 & Over: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Application Verified: \_\_\_\_\_ Billing: \_\_\_\_\_ Filed/Archived: \_\_\_\_\_