



TODAY'S DATE: _____

MEMBERSHIP APPLICATION

MEMBERSHIP FREQUENCY _____ ANNUAL _____ MONTHLY

Buy purchasing a membership, I understand that I may be required to fulfill a 12 month contract. Details of my contract will be found in the bill section on my membership application.

MEMBERSHIP TYPE

1 ADULT W/ DEPENDENTS 2 ADULTS W/ DEPENDENTS HOUSEHOLD PLUS
 2 ADULT HOUSEHOLD SINGLE SENIOR SINGLE OTHER: _____

Health/Fitness Program Name: _____ Health/Fitness ID (if applicable): _____

PRIMARY MEMBER

First Name: _____ M.I.: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Primary Email: _____

Date of Birth: ____/____/____ Gender: Male Female Undefined

Cell Phone/Other Phone: _____ Employer: _____

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

RESPONSIBILITIES AND RELEASES:

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.

CANCELLATION: It is my understanding that this is a continuous membership if I am paying monthly until I submit a notice of cancellation by the 15th of the month prior to the month I want to cancel. If I am registered for programs I will need to pay the difference as a non-member going forward.

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

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 in appropriate 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.

ANNUAL MEMBERSHIP: Payments may be made using Discover, Visa, Mastercard, AMEX, check or cash. This option grants you the most savings, but must be paid in full to receive savings. Annual Memberships are non-refundable. This policy may be adjusted if a medical reason stated in writing by physician and/or relocation is made 30 miles from Lakota Family YMCA, proof required.

MONTHLY MEMBERSHIP: Payments may be made using Discover, Visa, Mastercard or AMEX. This option is automatically deducted on the 1st of each month with pro-rated dues due at registration. This membership is automatically renewed each month until I submit a cancellation request and its approved.

IN CASE OF EMERGENCY (preferred not someone in the same household)Emergency Contact Name: _____ Emergency Contact Phone: _____

MEMBER ENGAGEMENT

How did you hear about us?: _____

Areas of Interest: Aquatics Child Care Family Recreation Fitness Other: _____

ADDITIONAL ADULT MEMBER (if applicable):

Spouse/Partner First Name: _____ M.I.: _____ Last Name: _____

Date of Birth: ____/____/____ Gender: Male Female Undefined

Phone Number: _____ Email: _____

Employer/School: _____ Relationship: _____

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

Dependents (if applicable): •Must reside in the same home . •Be 26 years of age and under if residing in the same home.

•May require proof of dependency or residence.

Dependent First Name: _____ M.I.: _____ Last Name: _____

Date of Birth: ____/____/____ Gender: Male Female UndefinedEmployer/School: _____ Relationship: _____

Dependent First Name: _____ M.I.: _____ Last Name: _____

Date of Birth: ____/____/____ Gender: Male Female UndefinedEmployer/School: _____ Relationship: _____

Dependent First Name: _____ M.I.: _____ Last Name: _____

Date of Birth: ____/____/____ Gender: Male Female UndefinedEmployer/School: _____ Relationship: _____

Dependent First Name: _____ M.I.: _____ Last Name: _____

Date of Birth: ____/____/____ Gender: Male Female UndefinedEmployer/School: _____ Relationship: _____

Dependent First Name: _____ M.I.: _____ Last Name: _____

Date of Birth: ____/____/____ Gender: Male Female UndefinedEmployer/School: _____ Relationship: _____

ACCEPTANCE

I accept all provisions of membership set forth above 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: _____ Date : _____

FRONT DESK:

Membership Type: _____ Membership Frequency: _____ Join Date: ____/____/____

Discount Group (if applicable): _____ Other Adjustments: _____

Drivers License for 18 & Over: _____ SOR Check: _____ Staff Name: _____

BACK OFFICE:

Application Verified: _____ Billing: _____ Filed/Archived: _____