



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**



KANKAKEE AREA YMCA MEMBERSHIP AGREEMENT



MEMBERSHIP AGREEMENT

Date of Application: _____ New Membership Rejoin
(Within 30 days of cancellation)

Type of Membership (Check those that apply)

Young Adult (14-25) Adult (26+) Family (Any 2 adults living in the same household and their dependent children under 26)
 Open Door Financial Assistance Corporate Other: _____

Primary Member (or parent of young adult member – applicants under 18)

Mr. Mrs. Miss Ms. Dr. Other: _____ Male Female

Legal: First Middle Last Suffix Called by

_____/_____/_____/_____

Birth Date Marital Status Preferred E-mail: Home Work

Home Address City State Zip

Home Phone Cell Phone Business Phone

Occupation Employer Employer Address

Ethnicity (Optional): African American American Indian Asian Caucasian Hispanic Other

2nd Adult Information (Spouse Other Adult)

Mr. Mrs. Miss Ms. Dr. Other: _____ Male Female

Legal: First Middle Last Suffix Called by

_____/_____/_____/_____

Birth Date Preferred E-mail: Home Work Cell Phone

Occupation Employer Employer Address

Ethnicity (Optional): African American American Indian Asian Caucasian Hispanic Other

Dependents/Other First/Middle/Last Names	M/ F	Birth Date	Employer/School	Ethnicity (Optional)	Relationship to Primary Member
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			

Emergency Contact Information (In addition to spouse/2nd adult)

Name Relationship to Primary Day/Evening Phone Hospital Preference

Volunteer Opportunity

The YMCA is a volunteer driven organization. Are you interested in learning more about becoming a Y volunteer?

Yes No

How did you hear about the Y? (Choose one):

Friend/Family Member
 Program Participant Y Employee Corporate Place of Employment Medical Referral
 Drive by/Walk by
 Radio TV Newspaper Internet Billboard Direct Mail E-Mail Yellow Pages

Reinstatement Policy

The joining fee is a one-time fee as long as membership is continuous. If members rejoin within 30 days of cancellation, no joining fee is required. A full joining fee will be required if more than 30 days has passed.

Conditions of Membership

Member Health: The applicant(s) represents that he/she is in physically sound condition and understands that participation in aerobics and other exercise, weight training, recreational sports, and use of pools, spas, saunas, steam rooms and fitness equipment carry a potential risk of injuries or illness. The applicant further understands that the Kankakee Area YMCA assumes no responsibility for any such injury or illness.

Member conduct and right to use the facility: Applicant agrees to abide by all policies and procedures of the Kankakee Area YMCA and understands that failure to act in accordance with these rules may result in expulsion from the YMCA and revocation of the membership.

Criminal History: The applicant acknowledges that it is the policy of the Kankakee Area YMCA to deny membership to any individual convicted of a sexual offense and that the YMCA will periodically check its membership records for criminal history.

Property Loss: The applicant understands that the Kankakee Area YMCA is not responsible for personal property lost, damaged or stolen while using the YMCA facility or participating in YMCA programs.

Photograph Permission: The applicant hereby gives permission for the YMCA (local, national and international) to use, without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret YMCA programs.

Insurance: The applicant understands that the Kankakee Area YMCA does not provide any accident or health insurance for its members or participants and further understands it is the applicant's responsibility to provide such coverage.

Automatic Draft (ACH) Authorization

I authorize my financial institution to honor pre-authorized ACH drawn by the Kankakee Area YMCA for membership dues, program payments and/or contributions. It is understood that my ACH amount is continuous. **Cancellation and/or changes to this fee must be submitted in writing at least 10 days prior to my scheduled draft date.** Failure to do so will result in my draft remaining in effect for one more draft cycle. Should any ACH not be honored by said financial institution when received by them, it is understood the YMCA will pursue collection of dues plus a service charge. I understand that I will receive at least a 30 day written notice prior to any change in my membership category rate. All membership fees are non-refundable and non-transferable.

Choose Draft Date: 1st 15th (of each month)

Checking Credit/Debit Card Savings

Signature of Authorized Account Holder

FOR OFFICE USE ONLY

Name on Account

Last 4 Digits of Bank Account, Debit/Credit Card Expiration Date

Bank Name

First Draft Month

Release and Waiver of Liability and Indemnity Agreement

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further, warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonable suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE YMCA, its Directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OR BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

By signing below, I/we acknowledge and understand the Conditions of Membership and the RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT. I/we 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 understand that YMCA memberships are non-refundable after 30 days and non-transferable. I/we agree to abide by all terms and conditions listed on this Membership Agreement and all rules set forth by the Kankakee Area YMCA.

Member Signature

(Parent or Guardian of Applicants under 18)

Date



**FOR OFFICE
USE ONLY**

1/10/17

Join Date: _____

Member ID#: _____

Photo ID Verification (16+)

Photo Taken

New Member Packet

App/Barcode # Issued

Guest Pass

Fitness Appointment Scheduled

Program Registration

Comments: _____

Member Service Staff: _____