



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA MEMBERSHIP APPLICATION

The mission of the YMCA of Springfield is to put Christian principles into practice that build healthy spirit, mind and body for all.

Application Date: _____

Membership Type:

- Adult
- Family – 1 Adult & Children
- Family – 2 Adult & Children
- Young Adult – Ages 18-23
- Youth – Ages 8-18

Payment Type

- Monthly Bank Draft
- Annual Payment
- Financial Assistance

Membership Group:

- Basic
- Health Center

Add On:

- DT Locker
- DT Health Center Locker
- DT Hydromassage

Special Billing:

- SIU
- District 186
- Other
- Silver Sneakers
- Military Outreach

Details: _____

Member #1	Name			Race (for statistical purposes)	Hispanic	Disability
	Address			<input type="radio"/> Caucasian/White	<input type="radio"/> Yes	<input type="radio"/> Yes
	City	Zip	Phone	<input type="radio"/> African American/Black	<input type="radio"/> No	<input type="radio"/> No
	Birth Date		Gender <input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Asian <input type="radio"/> Mixed		
	EMAIL			<input type="radio"/> Other		
Employer			Emergency Contact – Name and Number			
Member #2	Name			Race (for statistical purposes)	Hispanic	Disability
	Birth Date		Phone	<input type="radio"/> Caucasian/White	<input type="radio"/> Yes	<input type="radio"/> Yes
	Gender <input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> African American/Black	<input type="radio"/> No	<input type="radio"/> No
	EMAIL			<input type="radio"/> Asian <input type="radio"/> Mixed	Relationship to Member #1	
	Employer			<input type="radio"/> Other		
Dependents	Dependents' Names	Birth Date and Age	Gender	Race * Please Write In	Hispanic	Disability
			<input type="radio"/> Male <input type="radio"/> Female		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Male <input type="radio"/> Female		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Male <input type="radio"/> Female		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Male <input type="radio"/> Female		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Male <input type="radio"/> Female		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Dependent(s) Relationship to Member #1						

*Race – please fill in the blank. Choose from Caucasian/White, African American/Black, Asian, Mixed, or Other)

Did a YMCA member refer you? If yes, name _____

How did you hear about the YMCA? Friend/Family Web TV Print ad Radio Employee Other _____

OFFICE USE ONLY:

Joiner Fee \$ _____ First Draft Date: _____ Staff Initials _____

1st Month \$ _____ Total Due \$ _____

Membership Information

Joining Fees are applied to any individual or family who has not had a membership at the YMCA in the past 30 days and must be paid to join. The joiner fee is forfeited at cancellation of membership.

Family Package, A GREAT VALUE! Includes one or two adults residing in the same household, dependent children up to 18 years of age, and full-time college students through 23 years of age. If a third adult resides in the home, a second membership is required.

Payment Plans: Monthly bank draft is a continuous payment plan drawn from a checking or savings account. It requires a two-week notice for cancellation. Annual payment is a 12-month commitment with full payment due at joining. No credits or refunds for the annual payment plan. Membership dues are nontransferable and nonrefundable.

Waiver & Release of All Claims

I agree to cooperate with others in supporting the YMCA of Springfield mission, goals and objectives to abide by the policies and procedures set forth by the YMCA of Springfield Board of Directors. I hereby allow the YMCA of Springfield to take pictures (still or video) of myself/my family and grant permission for these images to be used in YMCA of Springfield publications, presentation, publicity or promotions without compensation to me/my family or on my behalf or my family's. If I choose not to be photographed, videotaped or in other recorded media, it is my responsibility to inform the photographer and/or remove myself/my family from the picture.

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA of Springfield and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA of Springfield and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA of Springfield or the use of any equipment at the YMCA of Springfield. I agree to adhere to all policies set by the YMCA of Springfield as written in the YMCA of Springfield Membership Handbook. I have answered the above questions accurately and declare myself/my family to be physically sound, having medical approval to engage in YMCA activities.

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.

Member Signature (Without state issued ID, see below)

Date:

Parent/Legal Guardian Signature (If member is under the age of 18)

Date:

DOWNTOWN

**701 South 4th Street
Springfield, IL 62703
217-544-9846**



KERASOTES

**4550 West Iles Ave
Springfield, IL 62711
217-679-1625**