



YMCA MEMBERSHIP APPLICATION

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

FOR YOUTH DEVELOPMENT*
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Application Date: _____

Membership Type: Membership Group:

Adult Basic Health Center

Family – 1 Adult & Children

Family – 2 Adult & Children Add On:

Young Adult – Ages 18-23 DT Locker

Youth – Ages 8-18 DT Health Center Locker

Payment Type

Monthly Bank Draft Annual Payment

Financial Assistance

Special Billing:

SIU Military Outreach

District 186

Silver Sneaker

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
	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 30 days' 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 Springfield YMCA mission, goals and objectives to abide by the policies and procedures set forth by the Springfield YMCA Board of Directors. I hereby allow the Springfield YMCA to take pictures (still or video) of myself/my family and grant permission for these images to be used in Springfield YMCA 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 Springfield YMCA 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 Springfield YMCA 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 Springfield YMCA or the use of any equipment at the Springfield YMCA. I agree to adhere to all policies set by the Springfield YMCA as written in the Springfield YMCA 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.

Photo Release: I grant the YMCA permission to use photographs in promotional materials such as brochures, ads, websites and newspaper releases. I will not be informed or reimbursed for such photographs.

Member Signature (without state issued ID, see below)

Date:

Parent/Legal Guardian Signature

Date:

DOWNTOWN

601 North 4th Street
Springfield, IL 62702
217-544-9846



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

KERASOTES

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