

## WOODSON YMCA Membership Application

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

<b>Applicant</b> □ Membership □ Day Pa		Membership Type					
FIRST NAME	M.I.	LAST NAME			☐ Family - Household*		
1000000	CITY (			7.0	☐ Adult Ages 25+		
ADDRESS	CITY		STATE	ZIP	Young Adult Ages 18 - 24		
DATE OF BIRTH	GENDER	RACE			☐ Youth Ages 17 & Under		
PHONE	EMAIL				☐ Silver & Fit		
EMPLOYER					<ul><li>Optum/Renew Active/One Pass</li><li>Goodwill Family/Household*</li></ul>		
EMERGENCY CONTACT		☐ Goodwill Adult					
		PHONE			Short Term		
YOUTH: PARENT NAME	AME DATE OF BIRTH				☐ 30 Days		
Optional Services: \$\square\$\$\$\$\$10 Towel Service \$\square\$	nlimited Yoga	□ \$5 Kit Locker – Waus	au □ \$10 K	it Locker – Aspirus	☐ 30 Day Community Supported		
(All fees are per person per month.)		☐ 90 Day Youth/Student					
Opportunity to Give: Y FOR ALL Annual Campaign Mont	•	1\$1		Other \$	Summer: June 1 – August 31 (Sign Up Available May - July Only)		
When you give to the Y, you support critical programs and ser	vices for children, se	eniors and ranniles, with yo	our support everyc	one belongs.	Day Pass Type		
Spouse / Adult Household Men	ıber*				☐ Family / Household* \$20		
FIRST NAME	M.I.	LAST NAME			☐ Adult Age 18+ \$15		
					☐ Youth Age 12-17 \$10 ☐ Guest (No Charge) \$0		
DATE OF BIRTH	GENDER	RACE			duest (No charge) 10		
PHONE	EMAIL				* FAMILY / HOUSEHOLD:		
EMPLOYER					One or two adults living in the same household and any of their dependents children		
Optional Services: \$\square\$\$\$\$10 Towel Service \$\square\$	nlimited Yoga	□ \$5 Kit Locker - Waus	au □\$10 K	(it Locker - Aspirus	under the age of 19 or in		
(All fees are per person per month.)	spirus Branch 24/7	Access (Plus One Time \$	20 Key Fob Fee)		college (full time) up to age 25.		
Additional Family / Household	Members*	Dependents Living at	Home				
FIRST NAME	M.I.	LAST NAME			GENDER		
DATE OF BIRTH	AGE	RACE			SCHOOL		
FIRST NAME	M.I.	LAST NAME			GENDER		
DATE OF BIRTH	AGE RACE			SCHOOL			
FIRST NAME	A4.1	LAST NAME			CENDED		
IRST NAME M.I.		LAST NAME			GENDER		
DATE OF BIRTH	AGE	RACE			SCHOOL		
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DATE OF BIRTH	AGE	RACE			SCHOOL		
FIRST NAME	M.I.	LAST NAME			GENDER		
DATE OF BIRTH	AGE	RACE			SCHOOL		

## **BEHAVIOR**

Membership at the Woodson YMCA is a privilege. The Woodson YMCA, to the extent not otherwise prohibited by applicable law, reserves the right to deny, condition, or revoke membership of any individual who:

- (i) is arrested for, charged with, or convicted of sex offenses as that term is defined in Wis. Stat. §301.45(1d)(b);
- (ii) is arrested for, charged with, or convicted of other crimes inconsistent with the values of the YMCA, including crimes involving
  moral turpitude or bodily harm; or
- (iii) engages in inappropriate behavior, or other misconduct on or near the property of the YMCA, including, but not limited to, profanity, abusive language, inappropriate attire, smoking, consumption of alcohol, or removal or damage of YMCA property.
- The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

## **POLICIES**

- I understand that if I wish to cancel, I will provide a 30-day notice by either completing a cancellation form or by mailing in a cancellation letter. Cancellations via phone are not accepted.
- I understand that the Woodson YMCA, Inc. may make adjustments to the monthly fees with a 30 day notice. This notice can be electronic, to include an email or posting on the YMCA website, or paper notification via flyers and/or signs in common areas of the facilities.
- I understand that my photo may be taken and used in marketing materials. If I do not wish to have my photo included, I will notify the photographer.
- Members: Children under 10 must be supervised by an adult while in our Y facilities.
   Non-Members: Children under 12 must be supervised by an adult while in our Y facilities.
- Youth Track Orientation: Ages 7-15 Years must successfully complete the 15 minute orientation is required for children who want to use
  the track. A parent must also attend orientation with the child. Schedule an appointment at Member Service Center of either branch.
  Following completion of the orientation, youth ages 7-9 are allowed on the track with adult supervision. After taking the orientation,
  youth ages 11+ can use the track unsupervised.
- Wellness Center: Ages 12–15 Years must successfully complete the Wellness Center Orientation or be with a parent to use cardio equipment and weight machines in the Wellness Center. Orientation includes hands-on experience with fitness training equipment. Sign up at Member Service Center of either branch. Must be 16 years of age to use the free weights.
- Group Fitness Classes: Ages 12 and over may attend group exercise classes at either Y branch.

## YMCA NATIONWIDE MEMBERSHIP

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.

SIGNATURE	DATE	

FOR STAFF USE ONLY – PAYMENT PLAN		Amount Due Today			
☐ Auto Deduction: EFT/Credit Card: Attach voided check/savings slip & auto deduction completed.	Joiner	r Fee	\$	□Waived	
☐ Annual Pay: Cash, Check or Credit Card	Prora	ted Month	\$		
☐ Semi-Annual Pay: Cash, Check or Credit Card	Option	nal Services	\$		
□ Short Term: □ 30 Day □ 90 Day	Today	y's Total	\$		
☐ Corporate Discount Group:		Monthly A	lmount Due		
☐ Silver & Fit Fitness ID:	Memb	bership Fee	\$		
☐ Optum/Renew Active/OnePass Activation Code:	Optio	nal Services	\$		
☐ 3rd Party Organization:	Annua	al Campaign	\$		
☐ Day Pass: ☐ Youth ☐ Adult ☐ Family/Household* ☐ Guest	Monti	hly Total	\$		
IMPORTANT:	Anr	nual/Semi-An	nual Amount	: Due	
☐ Checked and verified photo ID	Memh	bership Fee	\$	Semi	
☐ DAXKO photo taken		nal Services		Annual	
Staff Initials:	-	bership Total	<u>·</u>		