



The Fox Valley Family YMCA
We build strong kids,
strong families, strong communities.



3875 Eldamain Road Plano, IL 60545
630-552-4100
www.foxvalleyymca.org



Membership Application

Fox Valley Family YMCA

3875 Eldamain Road Plano, IL 60545

_____ / ____ / ____
 Last Name First Name M.I. Date of birth

_____ / ____ / ____
 Address City State Zip

(____) ____ - ____ (____) ____ - ____
 Phone Employer Work Phone

_____ (____) ____ - ____
 Emergency Contact Phone Parents' Name (children 18 and under)

Fund Time ID Number _____ Magnetic Number _____

Email Address _____

First M.I. Last Name	Date of Birth	M/F	School/Employer	Magnetic Number	Fund Time ID Number

Interests:

<input type="checkbox"/> Aerobics/Fitness	<input type="checkbox"/> Child Care	<input type="checkbox"/> Social Activities	<input type="checkbox"/> Performing Arts
<input type="checkbox"/> Aquatics	<input type="checkbox"/> Coaching	<input type="checkbox"/> Sports	<input type="checkbox"/> Gymnastics
<input type="checkbox"/> Board Member	<input type="checkbox"/> Parent/Child Programs	<input type="checkbox"/> Teen Activities	<input type="checkbox"/> Adult Sports
<input type="checkbox"/> Camp	<input type="checkbox"/> Pre-School	<input type="checkbox"/> Volunteering/ Fundraising	<input type="checkbox"/> Other _____

<p>Membership Type:</p> <input type="checkbox"/> Family <input type="checkbox"/> Adult <input type="checkbox"/> Hi. School/College <input type="checkbox"/> Youth <input type="checkbox"/> Senior <input type="checkbox"/> Scholarship <input type="checkbox"/> Other <small>*Annual Memberships are non-refundable.</small>	<p>Membership Type Explanations:</p> <p><u>Family</u>- Two married adults and any of the couple's children currently claimed on their income tax statement and full time student up to 22 years old.</p> <p><u>Adult</u>- One person 18 years and older</p> <p><u>Senior</u>- One adult (65 years or older)</p> <p><u>College</u>- must present full time hours (12+)</p> <p><u>High School</u> -13-18 years old</p> <p><u>Youth</u>- up to 12 years old</p> <p>Annual Memberships are non-refundable.</p>	<p><u>How did you hear about us:</u></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Billboard</td> <td><input type="checkbox"/> Newspaper</td> </tr> <tr> <td><input type="checkbox"/> Direct Mail</td> <td><input type="checkbox"/> School Flyer</td> </tr> <tr> <td><input type="checkbox"/> Drive by</td> <td><input type="checkbox"/> Place of Employment</td> </tr> <tr> <td><input type="checkbox"/> E-Mail</td> <td><input type="checkbox"/> T.V.</td> </tr> <tr> <td><input type="checkbox"/> Website</td> <td><input type="checkbox"/> Radio</td> </tr> <tr> <td><input type="checkbox"/> Member</td> <td><input type="checkbox"/> Yellow Pages</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Billboard	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Direct Mail	<input type="checkbox"/> School Flyer	<input type="checkbox"/> Drive by	<input type="checkbox"/> Place of Employment	<input type="checkbox"/> E-Mail	<input type="checkbox"/> T.V.	<input type="checkbox"/> Website	<input type="checkbox"/> Radio	<input type="checkbox"/> Member	<input type="checkbox"/> Yellow Pages		<input type="checkbox"/> Other _____
<input type="checkbox"/> Billboard	<input type="checkbox"/> Newspaper															
<input type="checkbox"/> Direct Mail	<input type="checkbox"/> School Flyer															
<input type="checkbox"/> Drive by	<input type="checkbox"/> Place of Employment															
<input type="checkbox"/> E-Mail	<input type="checkbox"/> T.V.															
<input type="checkbox"/> Website	<input type="checkbox"/> Radio															
<input type="checkbox"/> Member	<input type="checkbox"/> Yellow Pages															
	<input type="checkbox"/> Other _____															

<p>Method of Payment for Membership</p> <p>Bank Draft / Credit Card ____/____/____ <small>First Draft</small></p> <p>Annual ____/____/____ <small>Expiration Date</small></p>	<p>Join Fee \$ _____</p> <p>Pro-rate \$ _____</p> <p>1st month \$ _____</p> <p>Annual cost \$ _____</p> <p>Total \$ _____</p>	<p>Initial Payment:</p> <input type="checkbox"/> Check Receipt # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Credit	<p>Staff Initials _____</p> <p>Cards Issued _____</p> <p>Date ____/____/____</p>
---	--	---	--

Fox Valley Family YMCA Mission Statement:

To put Christian principles into practice through programs that build a healthy spirit, mind, and body for all.



Attach Voided Check Here

Release and Waiver of Liability and Indemnity Agreement

In consideration of 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 off-site program affiliated with the YMCA, the undersigned hereby agrees to the following:

I am an adult over 18 years of age and wish to participate in the Fox Valley Family YMCA activities. In addition, I give my children permission to participate in the Fox Valley Family YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the YMCA allowing me to participate in YMCA activities, I understand and expressly acknowledge that I release the Fox Valley Family YMCA and its staff members, directors, volunteers, board members, guests, and members from all liability for any injury, loss, or damage connected in any way whatsoever to my (or my children's) participation in the YMCA activities, whether on or off YMCA premises. I understand that this release includes any claim based on negligence, action or inaction of the Fox Valley Family YMCA, its staff, directors, members, and guests. I hereby release, waive, discharge, and agree not to sue the Fox Valley Family YMCA, its staff members, directors, volunteers, board members, guests, and members. This frees the YMCA and its agents from all liability to the undersigned or such children and/or other family members for any loss or damage, and any claim or demands on account of injury to the person, or property, or the result of death of the undersigned or such children and/or family members whether caused by negligence of the YMCA or its agents. This includes activities when the undersigned or such children are participating in YMCA programs, whether at the YMCA, off site, or in any way using any YMCA equipment or structures. This also releases the YMCA and its agents from all liability to the undersigned and such children for any loss or damage, claim or demands on account of injury or death to those using any part of the YMCA for basic membership use, whether at the YMCA or off site. I hereby assume full responsibility for risk of bodily injury, death, or property damage to the undersigned or such children. I understand that the YMCA is not responsible for personal property lost or stolen while members and or program participants are using YMCA facilities or are on YMCA premises, either on site or off site. I also authorize the YMCA to perform any and all background checks on my self or my family as stated by the fair credit report. I have read and am voluntarily signing this waiver. **I understand that Annual Memberships are non-refundable.**

I give permission to the Fox Valley Family YMCA to use limitation and obligation, photographs, film footage, or tape recordings which may include my image or voice for purposes of promoting or interpreting YMCA programs or membership.

Acceptance: The undersigned further expressly agrees that the foregoing RELEASE and WAIVER and IDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the laws 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.

I have read this release. ___/___/___

Signature of Participant

Signature of Parent /Legal Guardian

Electronic Funds Transfer Authorization

I authorize my bank to honor pre-authorized EFT's drawn by the Fox Valley Family YMCA for membership, programs, and/or contributions. It is understood that my EFT membership will be renewed on the 15th of each month until written notification has been received by the Fox Valley Family YMCA. I understand that my deduction is continuous and may be terminated by me upon written request if received 5 business days prior to my draft date. If for any reason a check or draft is returned to the YMCA, I understand that I am responsible for bringing my account up to date and paying a **service fee of \$25.00 per returned item or draft**. The Fox Valley Family YMCA will attempt to redraft my account for the original amount on the last day of the month in which the draft was returned. My account will be drafted on the last day of the month if for any reason there was a problem preventing the draft from being received by the YMCA on the 15th of the month. The return of a bank draft check to the YMCA will result in suspension of my membership and or program privileges until my account is current.

All membership rates are subject to change annually. I understand that it is my responsibility to notify the YMCA of any change of address or EFT (electronic funds transfer) account information within 5 business days of the draft date.

If any changes, deletions, upgrades, downgrades, or cancellations need to be made to the account which is being drafted it is to be submitted in writing to the Fox Valley Family YMCA within 5 business days of the draft date. No cancellations accepted by phone, fax, or mail. Failure to do so will result in that month's EFT being non-refundable. Any memberships that are cancelled and continue to draft will only be refunded up to the first month's amount. After 30 days it is the responsibility of the individual to notify the YMCA of the error. All bank drafts must have a voided check, credit card drafts will need a copy of the card, and savings debits will need a copy of a savings deposit/withdraw slip before the YMCA will set up membership.

Initials

Bank name

Routing/Transaction Number

Account Number

Checking/Savings/Credit/Debit (please circle)

Name on Account

\$ Total Monthly Amount

Credit card No. ___/___/___ Exp Date ___/___ Card Type

I would like to donate to the Strong Kids Campaign Amount \$

Signature

Signature

Date Paid	Amount	Receipt Number	Remarks

Emergency Treatment Permission

I understand that a minor may not be treated, even in an emergency situation, except when, in the opinion of the attending physician, life is in the balance. Consent of the parent or legal guardian is necessary for unmarried minors (under 18) except in such cases. Written consent is required for all other treatment. Accordingly, as a parent and or legal guardian, I do herewith in authorize the treatment of the minor in the event of an emergency, including administration of first aid, as appropriate, and further agree that I will be responsible for payment of any and all medical services rendered. I agree that any person or entity, including any doctor, or healthcare provider, may rely on a photocopy of this document the same as if it were an original.

Signature _____

Code of Conduct

The Fox Valley Family YMCA is committed to providing a safe and welcoming environment for all members and guests. To promote safety and comfort for all, we ask all individuals to act appropriately at all times when they are in the facility or participating in programs. We expect persons using the YMCA to behave in a mature and responsible way and to respect the rights and dignity of others. Our Code of Conduct does not permit language or any action that can hurt or frighten another person or that falls below a generally accepted standard of conduct. Specifically, this includes:

- Inappropriate attire: Appropriate attire must be worn at all times for all activities. Offensive wording on shirts or accessories fall under this area.
- Angry or vulgar language including swearing, name calling, or shouting.
- Physical contact with another person in any angry or threatening way.
- Any demonstration of sexual contact or activity.
- No one having been on any sexual offender list at any time may be a member of the Fox Valley Family YMCA, participate in programs, be on the property, or enter the facility.
- Harassment or intimidation by words, gestures, body language, or any other menacing behavior.
- Theft or behavior which results in the destruction of property.
- Carrying or concealing any weapons or devices or objects which may be used as weapons.
- Using or possessing illegal chemicals or alcohol in or on YMCA property or YMCA sponsored programs.
- Any other conduct of an inappropriate, threatening or offensive nature i.e. interrupting fitness classes or structured work outs.
- Loitering is not permitted in or outside the YMCA.
- The YMCA is a tobacco free environment.

If a member or guest feels uncomfortable or threatened he or she should report to a staff person. Consequences or violation of any of these will be presented to the board and staff for review and may result in the termination or suspension of membership without refund or credit.

I have read and understand the Code of Conduct.

Signed _____ Date _____