



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Membership Application

By joining the Y, you are joining a community non-profit that offers health, hope and opportunity.

**Welcome to your YMCA.**

## MEMBERSHIP TYPE:

- ☐ Youth      ☐ Young Adult      ☐ Adult      ☐ Senior      ☐ Dual/Couple  
☐ Family      ☐ Single Parent Family      ☐ Senior Family      ☐ CORPORATE \_\_\_\_\_

\*\*\*REQUIRED FIELDS ARE GREY\*\*\*

### PRIMARY ADULT

DATE: \_\_\_\_\_

FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH	AGE	GENDER M / F
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TO BETTER SERVE OUR COMMUNITY, WHICH OF THE FOLLOWING BEST REPRESENTS YOUR RACIAL OR ETHNIC HERITAGE? CHOOSE ALL THAT APPLY (OPTIONAL)

- ☐ African American/Black   ☐ Alaskan Native   ☐ Asian/Pacific   ☐ Caucasian/White   ☐ Hispanic   ☐ Native American   ☐ Other   ☐ Unspecified

MAILING ADDRESS	APT #	CITY	STATE	ZIP
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PRIMARY PHONE	EMAIL
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EMPLOYER	COMPANY ADDRESS
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CITY	STATE	ZIP	BUSINESS PHONE
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EMERGENCY CONTACT	PHONE NUMBER
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### 2ND ADULT (REQUIRED FOR FAMILY & DUAL MEMBERSHIPS)

FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH	AGE	GENDER M / F
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RACE/ ETHNIC HERITAGE? CHOOSE ALL THAT APPLY (OPTIONAL)

- ☐ African American/Black   ☐ Alaskan Native   ☐ Asian/Pacific   ☐ Caucasian/White   ☐ Hispanic   ☐ Native American   ☐ Other   ☐ Unspecified

ALTERNATE PHONE	EMAIL
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### DEPENDENTS (REQUIRED FOR FAMILY MEMBERSHIPS)

FIRST NAME	M.I.	LAST NAME	RELATIONSHIP TO PRIMARY	DATE OF BIRTH & AGE	GENDER M / F
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FIRST NAME	M.I.	LAST NAME	RELATIONSHIP TO PRIMARY	DATE OF BIRTH & AGE	GENDER M / F
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FIRST NAME	M.I.	LAST NAME	RELATIONSHIP TO PRIMARY	DATE OF BIRTH & AGE	GENDER M / F
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FIRST NAME	M.I.	LAST NAME	RELATIONSHIP TO PRIMARY	DATE OF BIRTH & AGE	GENDER M / F
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FIRST NAME	M.I.	LAST NAME	RELATIONSHIP TO PRIMARY	DATE OF BIRTH & AGE	GENDER M / F
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### HOW DID YOU HEAR ABOUT THE YMCA?

- ☐ Direct Mail   ☐ Facebook   ☐ Radio   ☐ Website   ☐ TV   ☐ Billboard   ☐ Drive By/Live in Area   ☐ Email   ☐ Newspaper   ☐ Place of Employment  
☐ Former Member   ☐ Friend/Family   ☐ Medical Referral   ☐ I was referred by the following member: \_\_\_\_\_

# Membership Code of Conduct & Waiver

**The mission of the YMCA of Metropolitan Denver is to put Christian principles into practice through programs that build healthy spirit, mind, and body for all.**

Please carefully read the following Conditions of Membership and Release, Waiver of Liability, and Indemnification Agreement (collectively, the "Agreement"), and indicate your acceptance of this Agreement by signing below.

## **CODE OF CONDUCT (Please visit [www.denverymca.org/membership-terms-and-conditions](http://www.denverymca.org/membership-terms-and-conditions) for complete code of conduct and policies)**

Members of the YMCA agree to abide by the rules, policies, and code of conduct, as stated here and in the Member Guide of the YMCA of Metropolitan Denver, including changes approved by its governing bodies in accordance with its Charter and By-Laws.

Members and guests are expected to behave in a mature and responsible way, and to respect the rights and dignity of others. The YMCA does not permit language or any action that would tend to hurt or frighten another person, including staff, or that falls below a generally accepted standard of conduct. The YMCA reserves the right to revoke access or cancel membership for violations of our code of conduct or membership agreement.

**All members are required to present a valid membership card for identification when using YMCA facilities and participating in YMCA programs. Membership privileges and cards are not transferable, remain the property of the YMCA of Metropolitan Denver, and must be returned upon request. All members must submit a photo to obtain a membership.**

Members must be 18 years old to enroll in the YMCA of Metropolitan Denver without a parent authorizing the application.

## **RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration of being permitted to participate in YMCA programs and use YMCA facilities and services (collectively, the "Activities"), I, the undersigned, agree as follows: I understand and acknowledge that the Activities involve certain known and unanticipated risks that could result in injury or death to me or others, and/or damage to property belonging to me or others. I agree that I am in good health, with no physical conditions that might cause injury to me, and that I am able to handle the risks associated with the Activities. I warrant that I have inspected the YMCA's premises and all facilities and equipment thereon (hereafter "Premises") and accept them as being safe and reasonably suited for the Activities.

I hereby voluntarily release and forever discharge the YMCA, its directors, officers, agents, and employees, from any and all claims, demands, actions, and/or liabilities based on or arising from injury, loss, damage, or death to me or others or to property belonging to me or others (collectively, "Claims"), caused by or sustained in connection with my use of the Premises or my participation in the Activities, regardless of where such Claims arise, including but not limited to any and all Claims based on or arising from the negligent acts or omissions of the YMCA, its directors, officers, agents, or employees, or any other persons or entities.

I promise not to sue or otherwise maintain or assert any Claim against the YMCA, its directors, officers, agents, or employees, for any injury, loss, damage or death to me or others or to property belonging to me or others caused by or sustained in connection with my use of the Premises or my participation in the Activities.

I agree that I will indemnify the YMCA for the defense of any such Claims asserted by me or others (including reasonable attorneys' fees and costs), and for any liabilities based on or arising from such Claims.

I recognize that if anyone is injured or dies or if any property is damaged while I am on the premises and/or engaged in the activities, I will have no right to make a claim or file a lawsuit against the YMCA, or its directors, officers, agents, or employees, even if they or any of them negligently caused the injury, death, or property damage.

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.

## **LIKENESS/PUBLICITY/CONTACT CONSENT**

I give my permission to the YMCA of Metropolitan Denver to use, without any obligation to me, photographs, film footage or tape recordings that include the image or voice of me or my family for purposes of promoting YMCA programs and to contact me with news and promotions.

## **SEXUAL OFFENDER BACKGROUND CHECK POLICY**

It is of great importance to provide a safe and threat-free environment. 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.

## **PRIVACY POLICY**

We keep your private information private by: 1) Not selling your information. You have entrusted the National Council of Young Men's Christian Associations of the United States of America and its independent and autonomous member associations (collectively "The Y") with your personal information, and we're committed to using it wisely. The Y will not sell, share or otherwise transfer your personal information to anyone without your consent. 2) Restricting who has access to your information. The Y takes reasonable precautions to restrict access to your Internet account and personal information only by employees who are authorized to have such access for business purposes. View our entire privacy policy at [www.DenverYMCA.org/privacy-policy](http://www.DenverYMCA.org/privacy-policy).

## **SEVERABILITY**

I understand and agree that the foregoing Release, Waiver of Liability, and Indemnification Agreement is intended to be as broad and inclusive as permitted under the law of the State of Colorado, and that if any portion of the Agreement is held invalid, the remainder of the Agreement shall continue in full force and effect.

## **ENTIRE AGREEMENT**

I understand that this is the entire agreement between me and the YMCA, its directors, officers, agents, and employees, and that it cannot be modified or changed in any way by the representations or statements of any employee or agent of the YMCA or by me. I agree that no oral representations, statements, or inducements, apart from the foregoing written Agreement, have been made to me.

## **ACCEPTANCE**

I have carefully read and fully understand the above conditions of membership and release, waiver of liability, and indemnification agreement, and accept the terms of membership set forth above and in the membership policy. I am fully aware that this is a legal document with legal consequences. I am giving up rights I may otherwise have.

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SIGNATURE OF MEMBERSHIP

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DATE

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SIGNATURE OF PARENT/GUARDIAN  
(IF MEMBER IS 17 YEARS OR YOUNGER)

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DATE

# YMCA Membership Payment Plan

## Confidential

Choose one option, then fill out and sign the appropriate authorization. Thank you.

### Membership dues and similar payments are not deductible as charitable contributions.

Membership rates are subject to change in order to maintain quality service and keep up with operational costs. Members will be given at least 30 days notice of a rate change.

INITIAL

#### ☐ OPTION 1: PAYMENT IN FULL

I agree to pay for my membership in full in one payment. My membership will be valid for \_\_\_\_\_ months from the date of purchase. Refunds are not given for the joining fee portion of my payment after 30 days. Refunds are available for the unused portion of the membership dues, minus a service charge of \$25.00.

INITIAL

#### ☐ OPTION 2: ELECTRONIC WITHDRAWAL

1. I elect to pay my membership **monthly**, and hereby authorize the bank noted below to remit monthly drafts drawn by the YMCA on the account, or through the credit card noted below. I would like for this to occur on the:

INITIAL

☐ 1st or the ☐ 15th (select) of each month or the next banking day.

2. I understand that membership drafts will continue until I provide written authorization to cancel the draft.

3. When the bank/credit card company honors the draft by charging my account, such drafts constitute my receipt for payment. In the event that my draft payment is returned unpaid, it will be collected electronically. I understand that if my charge is returned, the YMCA will automatically re-schedule payment. I understand that my account will also be charged \$25.00 for collection service (or the maximum amount allowed by law) and that I will be responsible for any other associated collection costs.

INITIAL

4. I understand to make changes to my account including: adding or deleting members, changing draft information, placing a hold are required to be **in writing** and completed **in person** at the YMCA where membership was purchased no later than **5 days before the scheduled draft selected above**.

INITIAL

5. To **cancel my membership**, I understand it needs to be **in writing** and completed **in person** at the YMCA where membership was purchased no later than **30 days before the next scheduled draft date selected above**. Failure to do so will result in that month's draft being non-refundable and no prorate will be offered..

INITIAL

#### **BANK DRAFT: Please submit a voided check for account verification.**

Bank Name: \_\_\_\_\_

Route/Transit #: \_\_\_\_\_ Account #: \_\_\_\_\_

Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

#### **CREDIT CARD DRAFT:** ☐ Visa ☐ MasterCard ☐ Discover

Account #: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Name on credit card exactly how it appears: \_\_\_\_\_

Billing address of credit card: \_\_\_\_\_

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

INITIAL

**As credit card account number expires, member agrees to provide the YMCA the current information.**



With your help,  
the Y can continue  
to be resource for  
learning, health,  
and safety for all.

### **BE A Y GIVER AND HELP THE Y DO MORE, EVERY MONTH**

While your membership fees allow the YMCA to be a gathering place in our community, donations give us the power to make that community stronger. When you give to the Y, you help propel programs that **improve graduation rates, fight disease and keep children safe**. You make it possible for everyone to belong to the Y, regardless of their financial situation. You give kids the opportunity to come to day camps and have a YMCA childhood. And, you support students who are struggling academically by giving them extra guidance that keeps them engaged, learning and prepared for their future.

☐ **Yes, I would like to add:** ☐ \$5 ☐ \$10 ☐ \$20 ☐ \$30 \$\_\_\_\_\_ **reoccurring monthly** gift to my monthly dues to help my community. (This monthly gift is tax deductible.)

Are you interested in learning about **volunteer opportunities** with the YMCA? ☐ Yes ☐ No

#### **TO BE COMPLETED BY YMCA STAFF**

**PAYMENT TYPE/METHOD:** ☐ Cash ☐ Check ☐ MasterCard ☐ Visa ☐ Discover

**Join Fee:** \$\_\_\_\_\_ **1st Draft Date:** \_\_\_\_\_

**"Add-On" Fees:** \$\_\_\_\_\_ **Member #:** \_\_\_\_\_

**# Months/Prorated Amount:** \$\_\_\_\_\_ **Anniversary Date (Annuals):** \_\_\_\_\_

**TOTAL PAID:** \$\_\_\_\_\_ **Staff Signature:** \_\_\_\_\_

#### **CHECK LIST:**

☐ **Pictures taken (REQUIRED)**

☐ **Draft info received**

☐ **Waiver signed**

**Processed by:** \_\_\_\_\_