



# Ashland Family YMCA Application for Membership

Type of Membership:

- Youth   
  Teen   
  Adult   
  Senior   
  Family

ID #: \_\_\_\_\_

Type: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ (01) First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
(circle one)

Male/Female DOB: \_\_\_ / \_\_\_ / \_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If Member is under 18:

Parent Name: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_ Phone Number: \_\_\_\_\_

### Family Membership Information (if applicable):

2nd Adult: \_\_\_\_\_ (02) Male/Female DOB: \_\_\_ / \_\_\_ / \_\_\_ Cell: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Email: \_\_\_\_\_

1st Child: \_\_\_\_\_ (03) Male/Female DOB: \_\_\_ / \_\_\_ / \_\_\_

2nd Child: \_\_\_\_\_ (04) Male/Female DOB: \_\_\_ / \_\_\_ / \_\_\_

3rd Child: \_\_\_\_\_ (05) Male/Female DOB: \_\_\_ / \_\_\_ / \_\_\_

4th Child: \_\_\_\_\_ (06) Male/Female DOB: \_\_\_ / \_\_\_ / \_\_\_

**PAYMENT METHOD:** (circle one) **ANNUAL** | **MONTHLY BANKDRAFT** | **OTHER** \_\_\_\_\_ (Authorized by \_\_\_\_\_)

### Electronic Funds Transfer (EFT) Authorization:

I hereby authorize the Ashland Family YMCA (ID#93-0386976) to initiate debit entries to my account as indicated below. The amount of monthly debit will equal 1/12 of the appropriate annual YMCA membership fee. Fees are subject to change.

**THE MINIMUM TIME COMMITMENT IS 90 DAYS.**

Membership will remain active and bank draft will continue until written cancellation notification occurs.

Bank Name: \_\_\_\_\_ Checking | Savings | Visa | MC (circle one) Last 4 digits: \_\_\_\_\_ EXP: \_\_\_\_\_

This authority is to remain in full force and effect until the Ashland Family YMCA and Depository has received written notification from me of its termination in such manner as to afford the Ashland Family YMCA and the Depository a reasonable opportunity to act on it. I authorize this billing method to be used for any debts, past and future, incurred on this account.

**CANCELLATION POLICY: CANCELLATIONS ARE TO BE SUBMITTED IN WRITING.  
CANCELLATION WILL TAKE EFFECT THE FIRST OF THE MONTH FOLLOWING NOTIFICATION.**

Name of Account Holder (PRINT): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Account Holder: \_\_\_\_\_ (as shown on bank records)

### Office Use Only

DATE	EXPIRES	TOWEL	MBR DUE	JOIN FEE	PYMNT	BALANCE	INITIALS	AUDIT	DATE
		Y / N							
		Y / N							
		Y / N							
		Y / N							

CX:	Notes:	PD/BO:
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↓ STAPLE VOIDED CHECK HERE ↑

# STANDARDS OF CONDUCT

The Ashland Family YMCA ("YMCA") is dedicated to providing a positive family oriented environment for all who utilize our programs and facilities. Members and visitors are expected to be safe and appropriate in their behavior and to treat others with dignity and respect. Any person who supports the purpose may become a member of this corporation in accordance with such provisions as may be established by the board of directors, and shall so continue to be a member unless the Board or its authorized agent concludes, in its sole discretion, that a member has failed to live up to the standards and commitments of being a member of this YMCA. To ensure that all who use or visit the YMCA have a safe and enjoyable experience, members must at all times adhere to the following standards of conduct. Any member who violates any of these standards or otherwise is disruptive or endangers the safety of others may be suspended immediately from the premises and may be sanctioned up to and including membership termination without further notice and without reimbursement for any fees previously paid.

**Values and Mission:** The mission of the Ashland Family YMCA is to work toward the fulfillment of human potential and the enrichment of the quality of life for those we serve. The four core values of our YMCA are caring, honesty, respect and responsibility. We expect our members to embrace and model our organizations values.

**Discrimination and Harassment:** It is the policy of the Association to make membership available to all persons regardless of race, color, religion, sex, age, marital status, sexual orientation, national origin, disability, status as a disabled veteran of the Vietnam era, or financial circumstances without discrimination.

**Leaving Children Unattended:** Children under the age of 13 must be accompanied by an adult or enrolled in a supervised program while at the YMCA. Non-swimming children must be accompanied by an adult member while in the pool.

**Camera phones, audio, video, photography:** No photos, audio or video of any type are to be made in locker rooms, pools, or anywhere on the YMCA premises without the consent of YMCA management staff.

**Swearing, Abusive or Foul Language:** Respect for the rights and sensitivities of others is an important element of maintaining a positive atmosphere at the YMCA. Swearing, abusive or foul language is never appropriate and is not tolerated.

**Rude, Disruptive, Threatening or Intimidating Behavior or Communication:** Any behavior or communication that is disrespectful, rude, disruptive, threatening or intimidating is inappropriate.

**Cell Phone Use:** Please use cell phones in a manner courteous to others.

**Fighting and Aggressive Behavior:** Although emotions can become heated during athletic contests and other YMCA activities, fighting, taunting and other confrontational behavior is unacceptable.

**Weapons or Other Dangerous Objects:** Members are not permitted to bring onto the premises, or have in their possession while engaging in any YMCA activity, any firearm, stungun, knife, or any other dangerous object or substance that may be used to harm the member or another person.

**Illegal Substances or Conduct:** Members are not permitted to possess, accept, distribute, engage in or be under the influence of alcohol or any illegal substance while on the premises of YMCA or while participating in any YMCA-sponsored activity. Likewise, members are not permitted to engage in illegal conduct (including but not limited to theft) while on or off YMCA premises or while participating in YMCA-sponsored activities.

**Safety; Misuse of Facilities and Equipment:** Always treat facilities and equipment with respect. Misuse of equipment or facilities or facility policies is prohibited. Members are required to engage in safe conduct.

**Tobacco Use:** Use of tobacco is prohibited on the YMCA premises.

**Rules of Use and Staff Instructions:** Members are required to comply with established standards of use and behavior for YMCA premises and YMCA-sponsored activities. Facility use for Y-members is on an individual basis only. Non-YMCA employed trainers, instructors, or therapists are prohibited. Members are also required to comply with requests or instructions of YMCA staff while members are on YMCA-premises or participating in YMCA-sponsored activities.

**Right of Refusal:** Our membership policy provides for denial of membership to an applicant or termination of a member whose conduct is inconsistent with the YMCA's Standards of Conduct, values and mission.

**PARTICIPANT LIABILITY RELEASE**

YMCA participant hereby expressly agrees that all personal exercising and use of all the facilities of the YMCA shall be undertaken by the participant at the participant's sole risk. The participant agrees that the YMCA shall not be liable for any claims, demands, injuries, damages, actions, or causes of actions whatsoever, to the participant or the participant's personal property, arising out of or connected with use of any of the services or facilities at the YMCA building in Ashland, Oregon or other YMCA facilities wherever located and includes a release of the YMCA from either active or passive negligence by the YMCA, its servants, agents, or employees. The participant does hereby expressly forever release and discharge the YMCA from all such claims, demands, injuries, damages, actions, or causes of actions arising from the participant him/herself or any member of his/her family who is a minor, both in the minor's behalf and in the participants behalf as a parent. The participant specifically agrees to hold the YMCA harmless from any claims by said participant, or his/her family including minor children, and to defend the YMCA and reimburse them for any judgments, liens, costs, or expenses, including attorney fees and litigation costs, arising from said claims.

**FITNESS CENTER WAIVER & RELEASE**

In consideration of being permitted to enter the YMCA facility and/or Weight Room for any purpose, including but not limited to observation, use of the room and equipment, or participation in any way, the undersigned for him/herself agrees to release the YMCA from any loss, damage, or cost they may incur due to the presence of the undersigned. The undersigned hereby assumes full responsibility for the risk of bodily injury, death, or property damage while in, about, or upon the premises of the YMCA facility, including weight room, or while using the equipment.

**IDENTIFICATION**

**Valid state or government issued picture identification is required of ALL members and guests age 18 and older before entering the facility.**

**NO ONE UNDER THE AGE OF 12 IS ALLOWED IN THE FITNESS CENTER  
ANYONE UNDER THE AGE OF 13 IS REQUIRED TO BE ACCOMPANIED IN FACILITY AT ALL TIMES**

**STANDARDS OF CONDUCT**

As an express condition of my/our becoming a member(s) of the Ashland Family YMCA, I agree to abide by these standards of conduct and any other additional expectations or directives that the Ashland Family YMCA or its staff may establish from time to time.

**The undersigned has/have read and voluntarily sign(s) this Liability Waiver & Release and Standards of Conduct.**

**OFFICE USE ONLY**

1st Adult Name (PRINT): _____ Date: _____ 1st Adult Signature: _____	<input type="checkbox"/> ID Scanned Date: _____ Initials: _____ AUDIT: _____
2nd Adult Name (PRINT): _____ Date: _____ 2nd Adult Signature: _____	<input type="checkbox"/> ID Scanned Date: _____ Initials: _____ AUDIT: _____
2nd Adult Name (PRINT): _____ Date: _____ 2nd Adult Signature: _____	<input type="checkbox"/> ID Scanned Date: _____ Initials: _____ AUDIT: _____
2nd Adult Name (PRINT): _____ Date: _____ 2nd Adult Signature: _____	<input type="checkbox"/> ID Scanned Date: _____ Initials: _____ AUDIT: _____