



Family YMCA of Black Hawk County Membership Application

(1) Your First Name _____ MI _____ Last Name _____

Birth Date: ___/___/___ M F Home Phone: (____) _____ Ethnicity _____

Home Address: _____ City _____ State: _____ Zip: _____

E-Mail _____ Cell Phone (____) _____

(2) Spouse First Name _____ MI _____ Last _____

Birth Date: ___/___/___ M F Cell Phone: (____) _____ Ethnicity: _____

E-Mail: _____ Employer: _____ Business Phone: (____) _____

Emergency Contact:

Name: _____ Relationship: _____ Phone Number: (____) _____

#	Dependent/Children's Names (First Last)	M/F	Birth Date	Ethnicity	School/College
03			/ /		
04			/ /		
05			/ /		
06			/ /		
07			/ /		
08			/ /		

Discount Group: _____

Additional Add On Fees:

Adult Add On:	
Fitness Plus:	
Kit Locker:	
Laundry Service:	
Tall Locker:	

Drivers License Number: _____ Drivers License Expiration: _____

Raptor Check: _____ Staff Name: _____

Name: _____ ID #: _____ Membership Type: _____



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WAIVER:

In accordance with the character values of caring, honesty, respect and responsibility, I/we verify that the information provided on this application is accurate. This includes, but is not limited to, the selection of membership category and covered individuals. I/we further agree to adhere to the rules of the Family YMCA of Black Hawk County, hereafter referred to as the YMCA. If these rules are not followed,

I/we agree that the YMCA reserves the right to take necessary disciplinary action, including temporary or permanent suspension of membership and total ban from admittance to use the facility.

I/We agree that the YMCA shall not be responsible for any personal injuries or losses sustained by me/us while on any YMCA premises, or as a result of any YMCA sponsored event. I/we further agree to indemnify and hold harmless the YMCA from any claims or demands arising out of any such claims or losses.

I/We understand that the YMCA assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk of any and all injuries and illnesses, which may result from my participation in those activities. I hereby release and discharge the YMCA, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities.

Signature: _____ Date: _____

Please Read Each Statement:

- You must present your membership ID each time you enter the YMCA facility. If you do not have your membership ID with you upon arrival you can present another form of ID that has your picture on it. The cost to reprint your membership card is \$5.00 per card.
- The joiner's fee is non-refundable. If your membership lapses for more than thirty (30) days from the last bank draft, a re-activation fee must be paid upon re-joining.
- I understand that this is a continuous, non-transferable membership plan. **Cancellation of your membership must be submitted by the 20th of the month prior to the month you wish to be cancelled. Failure to do so will result in that month's draft being non-refundable.** Cancellations via fax, email, phone or mail are permitted; however, we also accept cancellations using the YMCA website: <https://www.blackhawkyymca.org/membership/info/> All membership ID cards must be returned by the end of the month.
- The YMCA is not responsible for lost or stolen property. Please remember to bring a padlock to insure the safety of your personal items. Locks left overnight will be cut off and the contents of the locker will be removed and donated to charity if not claimed after 30 days.
- 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 participant, and remove visitation access. Or, if it appears that you are taking actions that are contrary to the YMCA's Mission, and if you are acting in ways that disrupt the YMCA's operations.
- If your check or electronic payment is returned for any reason, your membership will be set to automatically terminate at the end of the month to avoid additional charges to your account. You will receive notification of your returned check or EFT and you will have until the 10th day of the next month to pay your outstanding balance before we send it to the collection agency. It is your responsibility to notify the YMCA in writing should you change your financial institution and/or account at any time.
- I understand that my membership category may change due to age or college enrollment status and that this change may affect the membership rate.
- **Photo/Talent Release** The YMCA periodically takes pictures of YMCA members and persons participating in YMCA programs to use for promotional purposes and programming materials including the YMCA website. By submitting this application, I/we agree that the YMCA may photograph or videotape me/us and the YMCA may use those photographs or video footage for its marketing

I have read and understand the above information and agree to abide by all policies and procedures set forth by the Family YMCA of Black Hawk County.

Signature: _____ Date: _____

Remind Services

Remind is a communication service that shares updates and resources instantly.

The Family YMCA of Black Hawk County is using Remind to update members on new events, class cancellations, and promotions. You can get the alerts via email and/or text messaging.

Name: _____

Choose which communication method you would like to receive alerts (you can choose both):

Phone (Text Messaging) : _____

Email: _____

Choose which Classes, Alerts and/or Events you would like to receive alerts

for:

Land Classes

Water Classes

Pool Alerts

Special YMCA events and YMCA closings