



Department: _____

Supervisor: _____

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Winona Staff YMCA Membership Agreement

(1) First Name _____ MI _____ Last Name _____ Gender: M / F / NB Birth Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

(2) First Name _____ MI _____ Last Name _____ Gender: M / F / NB Birth Date _____

Home Phone _____ Cell Phone _____ Email _____

I am interested in volunteering for the Y: Additional Services to add: Locker Coffee 24 Hour Access Towel Interest

#	Additional Family members (Dependents 23 and under are included) First Name, MI, Last Name	Gender	Birth Date
(3)		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB	
(4)		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB	
(5)		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB	

Payment Information

I (we) hereby authorize the Winona Family YMCA to initiate debits to the Bank/Account selected below to debit the amounts thereof to my account. If a draft is not honored by your bank/credit card for any reason, a service charge of \$5.00 will be added each month a late payment accrues, up to 90 days at which time your account will be canceled and you will be sent to collections. This authority is to remain in full force and effect until the Winona Family YMCA receives written notice of modification (hold or cancellation) seven (7) days prior to draft date.

Method: Bank Draft Credit Card Payment Billing: Monthly} 1st 15th Annually

Credit Card Info:

Card Type: Visa Mastercard

Bank Draft Info:

Name of Account Holder: _____

Name as Listed on Card: _____ Bank Name: _____ Type: Checking Savings

Card Number: _____ Expiration: _____ CCV: _____ Routing Number: _____ Account Number: _____

Conditions of Membership

Members who are invoiced for payment are held to the same late payment fees, cancellation, and collections penalties as above stated for monthly drafts. Members are required to present a valid membership card/identification when using the Y. A photo ID is required to set up a membership for anyone over the age of 18.

To terminate a membership members must give the YMCA written notice seven (7) days in advance of automatic withdrawal date or will be held responsible for a full month's payment. For a \$10.00 per month fee, memberships can be placed on "hold" for a max of 6 months during which time no membership dues will be drafted. To place a membership on hold, seven (7) days written notice is required prior to the next draft date. The Winona Family YMCA reserves the right to increase membership, with at least 30 days advanced written notice when using the automatic deduction for payment method.

The Winona Family YMCA is not responsible for personal property lost, damaged or stolen while using the Winona Family YMCA facilities or participating in YMCA programs. For the safety and security of the Winona Family YMCA members and guests, any and all video equipment may not be used in locker rooms, dressing areas, shower areas, restrooms, or areas generally deemed to be 'private'. I give permission for the Winona Family YMCA (local, national and international) to use, without limitation or obligation, photographs or other media that may include the member's image or voice to promote the YMCA programs. Membership to the Y is a privilege, and the Y reserves the right to cancel a membership at any time as they deem necessary. Membership privileges and cards are not transferable.

Since it is contrary to the mission of the YMCA to be a sex offender, the YMCA will deny or revoke a membership to such a person. A no-tolerance stance will be taken on all sex offenders.

Acceptance I accept all provisions of membership set forth above and understanding the Mission of the Y, hereby agree to a membership. I understand information given to my Y is the property of the YMCA and is kept as confidential information by the Y and its representatives. I agree to the terms and conditions set forth in the membership handbook and agree to abide by the mission and core values of the YMCA

____ I have read, received, and understand the Winona Family YMCA's Conditions of Membership
initials OVER →



Winona Family YMCA Membership Agreement

Liability and Indemnity Waiver

IN CONSIDERATION of being permitted to utilize the facilities, services, and programs of the Winona Family YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the Winona Family YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the Winona Family YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children. The undersigned is aware of the different types of activities, equipment, and any facility offered by the Winona Family YMCA, and is aware of the risks inherent in the participation in such activities and use of such equipment and facilities. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE WINONA FAMILY YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE WINONA FAMILY YMCA. THE UNDERSIGNED AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the Winona Family YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children and all his/her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the Winona Family YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned or such children in, upon, or about the Winona Family YMCA premises, or in any way observing or using any facilities or equipment of the Winona Family YMCA or participating in any program affiliated with the Winona Family YMCA, whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about, or upon the premises of the Winona Family YMCA and/or while using the premises, any facilities, or equipment thereon or participating in any program affiliated with the Winona Family YMCA.
4. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Minnesota, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I have read and understand this Release of Liability, I agree to all terms of this release and hereby sign it freely and voluntarily.

**Confirm with Supervisor
employee is active and meets
requirements for discounts. If
status of employment changes,
you will be charged.**

Member's Signature _____ Date _____

Member's Signature _____ Date _____

Staff use: <input type="checkbox"/> Toured <input type="checkbox"/> Scanned/verified photo ID <input type="checkbox"/> NSOPW <input type="checkbox"/> Offered Wellness Consult <input type="checkbox"/> Updated info in Daxko <input type="checkbox"/> Signed and initialed
Member ID: _____ Membership type: _____ Amount Paid at Joining: _____ Date Sold: _____
Add Ons: Locker Number: _____ 24 Hour Access (Unit): Daxko Brivo Coffee Towel Interest Fees: _____
Payment Type: Bank Draft / CC/DC / Prepay / Invoice (Business Office Approval or P3 only) Staff Initials _____ Double Checked _____
Notes: _____
Annual Household Income: If you are a recipient of Y for All rate, you are required to verify your household income on annual basis
More the \$55,000 _____ \$41,800-54,999 _____ \$35,000-44,999 _____ Less than \$35,000 _____ Income: _____