



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# YMCA of Greater Providence

**To ensure the safety and well being of the children and families in our care, all applications will be screened through a National Sex Offender Database**

Date	First Name	MI	Last Name	Birth Date	Gender
Mailing Address			City	State	Zip
Email			Home Phone	Cell Phone	
Emergency Contact			Relationship	Phone	

**The YMCA is committed to serving people of all ages, races, religions and economic levels. By completing the sections below you will help us meet this goal. The information is confidential and will not be used for any other purpose.**

**Membership Type:**

- Youth                       Teen     Teen 2                       Adult                       Couple     Silver Sneakers
- Youth 2                       Teen/Youth                       One Parent                       Family     Guest
- Youth 3                       Young Adult                       Senior Couple     Senior     Program Participant

**Areas of Interest:**

- Aquatics                       Sports                       Teen Activities
- Aerobics                       Summer Camp                       Volunteerism
- Group Cycling                       Childcare                       Older Adult Programs
- Strength Training                       Parent / Child Programs                       Fundraising

**How would you describe yourself?**

- Currently exercising at least 3X per week
- Non-exerciser starting for the first time
- Sporadic Exerciser

**How did you hear about the YMCA?**

- Television                       Direct Mail
- Newspaper                       Friend / Family
- Radio                      \_\_\_\_\_  
*Friend / Family Name*
- Yellow Pages                       Email
- Live in the area                       Promotion
- Website                       Member
- Workplace                      \_\_\_\_\_  
*Member Name*
- Former Member                       Medical Reference
- Magazine                       YMCA
- Billboard

**Annual Household Income:**

- \$0-\$13,999                       \$25,000-\$39,999                       \$55,000-\$74,999
- \$14,000-\$24,999                       \$40,000-\$54,999                       \$75,000 and over

**Ethnic Orientation:**

- African America                       Caucasian                       Native American
- Asian/Pacific                       Hispanic                       Other \_\_\_\_\_
- Caribbean                       Alaskan Native

**Please list all individuals that live in your household that are going to be on your membership. Proof of residency may be required.**

First Name	MI	Last Name	Birth Date	Gender	Relationship
First Name	MI	Last Name	Birth Date	Gender	Relationship
First Name	MI	Last Name	Birth Date	Gender	Relationship
First Name	MI	Last Name	Birth Date	Gender	Relationship
First Name	MI	Last Name	Birth Date	Gender	Relationship
First Name	MI	Last Name	Birth Date	Gender	Relationship

**For Office Use**  
Staff: \_\_\_\_\_ Consultation: \_\_\_\_\_ Tour: \_\_\_\_\_ Walk-In: \_\_\_\_\_ Date: \_\_\_\_\_ % of Financial Assistance \_\_\_\_\_

# Membership Agreement

In consideration for membership at the YMCA of Greater Providence,  
I hereby agree, for myself (and for my children and/or wards, if under the age of 18), as follows:

**Waiver, Release from Liability and Indemnity:** I understand that, in connection with this YMCA membership, I (and my children and/or wards, if under the age of 18) from time to time will enter onto the YMCA premises, will use the facilities and equipment located there, and will participate in athletic and/or sporting events sponsored by the YMCA, and that we hereby agree that we will enter the premises and engage in all such activities at our own risk. I further understand that the YMCA shall not be liable for any damages arising from personal injuries that I (and my children and/or wards, if under the age of 18) may sustain in or about the YMCA premises or as a result of any such activities. I agree to assume full responsibility for any such injuries or damages that may occur and fully and forever release and discharge the YMCA and its officers, directors, trustees, agents, servants, and employees, from any and all liability, claims, demands, damages, rights of action, or causes of action, present or future arising there from, if this Waiver, Release from Liability and Indemnity Agreement is found to be unenforceable under the law of the applicable state, it shall be deemed to be stricken from this Membership Agreement.

**YMCA Not Responsible for Personal Property:** I understand that the YMCA premises are used by YMCA members, their guests and members of the public, and that the YMCA is not responsible for my personal property (or that of my children and/or wards, if under the age of 18), including, without limitation, any personal items that I (or they) might leave in a locker or storage area while engaged in activities at the YMCA.

**Permission to use Photographs:** I hereby give the YMCA, and its employees or agents, permission to take, copyright, use, and publish photographs of or concerning me (and/or my children or wards, if under the age of 18) for purpose of the business of the YMCA, including without limitation, the preparation of promotional materials for the YMCA, including materials prepared for the purpose of fundraising.

**YMCA Privacy Policy:** Apart from the photographs referred to above, I understand that the YMCA collects and maintains personal information about me. This information is used to perform member services and business operations, that, in the course of performing normal business operations, this information may be shared with other organizations performing work on behalf of the YMCA, and that access to this information will be limited and protected in accordance with the YMCA's Privacy Notice, a copy of which is posted on its website ([www.ymcagreaterprovidence.org](http://www.ymcagreaterprovidence.org)). I further understand that I can also obtain a copy of the Privacy Notice by requesting one from my local YMCA.

**YMCA Refund Policy:** I understand that my YMCA membership is personal to me and to my children or wards if under 18. I acknowledge and agree that my YMCA membership is not transferable to any other person. I agree that if within 30-days from the inception date of my membership I am unsatisfied, after reasonable attempts have been made to satisfy me, I will receive a full refund provided the proper notice as defined in YMCA policies is received within that 30-days. After 30 days I may cancel my membership with proper notice given. No prororation of dues will be given for membership not used. The joiners fee will not be refunded.

**Code of Conduct:** The YMCA of Greater Providence is committed to providing a safe and welcoming environment for our members and guests. To ensure the safety and comfort of all, we ask individuals to act appropriately at all times when they are in our facility or participating in YMCA 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 action that can hurt or frighten another person or that falls below a generally accepted standard of conduct. This includes but is not limited to: angry or vulgar language: including swearing, name-calling or shouting; physical contact with another person in an angry or threatening way; any demonstration of sexual activity or sexual contact with another person; harassment or intimidation by words, gestures, body language or any other menacing behavior; behavior which intends to or results in the destruction of property. Members are encouraged to be responsible for their personal comfort and safety and ask any person whose behavior threatens their personal comfort to refrain. Staff are trained and expected to respond to any reported violations of our Code of Conduct. Please do not hesitate to notify a staff person if you need assistance. We want to help. The Executive Director will investigate all reported incidents. Suspension or termination of YMCA membership privileges may result from any violation of the Code of Conduct. I understand the above code of conduct.

## Membership Termination Policy:

*I agree that the YMCA has the right to terminate my YMCA privileges anytime if:*

- a) it appears to the YMCA in its sole discretion and judgment that I (and/or my children and/or wards who are under the age of 18 years) are taking actions or doing things that are contrary to the Y's Mission, or;
- b) it appears to the YMCA in its sole discretion and judgment that I (and/or my children and/or wards who are under the age of 18 years) are involved in criminal acts, or that;
- c) I (and/or my children and/or wards who are under the age of 18 years) are acting in ways that disrupts the YMCA's operations.
- d) I (and/or my children and/or wards who are under the age of 18 years) are in direct violation of the Member Code of Conduct.

IN WITNESS WHEREOF, the undersigned executes this Membership Agreement this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
*Signature of Participant or Parent/Legal Guardian if a  
minor (Under 18 Years of Age), or if more than one are  
listed, on behalf of each of them.*

\_\_\_\_\_  
*Date*

## Automatic Payment Plan (APP)

For your convenience, an automatic payment plan will be initiated for payment of your membership. With your authorization, each month your bank will pay your membership through your checking, savings account or credit card.

I choose to utilize the Electronic Funds Transfer option, a direct debit from:  Checking Account  Savings Account:

Membership Type: \_\_\_\_\_ Monthly Membership Amount: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Routing/Transit Number: XXXXXXXX \_\_\_\_\_ Account Number: XXXXX \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

I choose to utilize the Credit/ Debit Card option: Payment(s), a direct charge to my Credit/ Debit Card:

Membership Type: \_\_\_\_\_ Monthly Membership Amount: \_\_\_\_\_

Credit Card Type:

Master Card: \_\_\_\_\_ Visa: \_\_\_\_\_ American Express: \_\_\_\_\_ Discover: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Account Number: XXXX - XXXX - XXXX - \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_ Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the YMCA is unable to collect your membership dues from your checking or savings account, your account will automatically be moved to our Financial Recovery system, eCashFlow. eCashFlow will resubmit the request to your financial institution up to 3 times in that month. In the event that eCashFlow is successful in collecting the funds, a fee of \$25 will be charged to your checking or savings account. If after one month eCashFlow is not able to collect your membership dues, the YMCA will contact you for an alternate payment method. It is further understood that if such payment is not honored by the bank/debit card or credit card institution, then the YMCA, at its discretion, will resubmit the debit up to 3 times in that month for the total amount due. I understand that all changes to my membership account, personal or financial, may take 5 - 10 business days to process.

## Cancellation Policy

All new members have a 30 day satisfaction guarantee. If you are not completely satisfied with your YMCA membership, you will receive a full refund of your dues and joiners fee, by letting us know in writing that you would like to cancel your membership. This notification must be received no later than 30 days after your join date. **Annual invoiced payment plans will only receive a full refund of their membership if it is cancelled within the first 30 days of joining. No prorated refund will be given if the membership is cancelled after the first 30 days of joining.** All EFT and Credit Card changes need to be made in writing 10 days prior to change. This includes cancellations, upgrades, downgrades, holds, and billing changes.

I, \_\_\_\_\_, fully understand and agree with the YMCA of Greater Providence's cancellation policy.

\_\_\_\_\_  
*Signature of Member*

\_\_\_\_\_  
*Date*

### FOR OFFICE USE ONLY

Tour  Consultation  Walk In  A.W.A.Y.  Reciprocal Branch: \_\_\_\_\_ Verified Date: \_\_\_\_\_

Staff/Volunteer Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_ Time: \_\_\_\_\_

Health Seeker? If they checked off anything but currently working out 3X a week or if they indicated such in their consultation please check yes:

Yes  No

Membership Type: \_\_\_\_\_ Membership Number: \_\_\_\_\_ Scan: \_\_\_\_\_

Joined?  Yes  No, Reason: \_\_\_\_\_ Fitness/Wellness Consultation Date: \_\_\_\_\_

#### Follow up for New Joining Member

Staff Connector: \_\_\_\_\_ Welcome Card sent: \_\_\_\_\_

Preferred Method of Communication:  Phone  E-Mail  Mail

What are the prospects goals? : \_\_\_\_\_

Additional Notes: \_\_\_\_\_