FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

New For All Member Engagement Checklist

Primary Member Name: _____

Date: _____

_____ Completed all necessary Membership Paperwork with signatures

_____ Income Verification submitted and scholarship approved by staff

_____ All active adults (18+) screened in Raptor OR alert added for members not screened

_____ All active members 18+ registered in Wellness Jumpstart program

_____ All member contact info verified

_____ All Member photos taken

_____ Brochure/schedules handed out

_____ Member(s) setup with Y App/YMCA360

_____ Unit Barcodes provided to primary member (Family memberships)

_____ Member(s) toured facility

Staff Initials: _____

Staff Use Only

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FOR ALL

The YMCA of Grays Harbor is a nonprofit organization committed to helping people grow in spirit, mind, and body. The Y is here to serve people of all ages, backgrounds, abilities and incomes, and believes that programs and services should be available to everyone. For All, the Y's financial assistance program, is a sliding fee scale that is designed to fit each individual's financial situation.

The YMCA's For All program supported by our Annual Campaign, Bishop Endowment, and Weatherwax Endowment, uses all available resources to provide support to those who have financial need and qualify for assistance.

All Y members receive the same membership benefits, regardless of whether or not they are receiving assistance. Y members can feel great knowing that they are involved in an organization that cares greatly for the health and well-being of people and is committed to youth development, healthy living, and social responsibility.

The Y requires that individuals provide the requested information on the attached form regarding income and number in household so that it can provide financial assistance in a fair and consistent manner. This information will be kept confidential and not be used for any other purpose. The Y also requires that individuals reapply annually and keep the information on their application updated. Failure to do so may jeopardize the individual's membership status.

To process your application, we will need the following:

- **All forms signed, dated, and completely filled out**
- **Proof of income** (examples below)
  - **A copy of last year's tax return**
  - **A copy of your last two pay stubs**
  - **A copy of Social Security Income Statement**
  - **A copy of your bank statement showing automatic deposit**
  - **A copy of any financial assistance awards**
    ie: DSHS, Disability Checks, Food Stamps, Unemployment, L&I

The Y offers more than programs and services, we ensure that every individual has access to the essentials needed to learn, grow and thrive.

The Y, always here for you.

Name (please print): _____

Number in household: _____

Income

1. $_____ Your Gross Monthly Income (before taxes)
2. $_____ Spouse's Gross Monthly Income (before taxes)
3. $_____ Child Support
4. $_____ Aid to Dependent Children
5. $_____ DSHS
6. $_____ Food Stamps
7. $_____ Other Income (please explain) _____
8. $_____ Other Income (please explain) _____
9. $_____ Total Monthly Income (add lines 1 – 8)
10. $_____ Total Annual Income (line 9 times 12)

Qualifying Amounts

	Family of 1	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6
75% Off	$11,500	$15,500	$20,000	$24,500	$28,000	$32,000
50% Off	$15,500	$20,500	$26,000	$31,500	$37,000	$42,000
25% Off	$18,500	$25,500	$32,000	$39,500	$46,000	$52,000

I qualify for _____% off

I did not qualify but would still like to join. ☐ Yes

I can afford $_____ per month

Phone Number: _____

Day and time I would like to be contacted: _____

A YMCA of Grays Harbor Membership Services Staff will be contacting you to get more information about your financial hardship to determine what we can do to better address your needs and situation.

I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA of Grays Harbor within 30 days of any changes to my income status, I acknowledge that my membership may be terminated.

_____ _____

Signature of applicant Date

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Membership Application

Primary Member Name:_____ **Date:**_____

Mailing Address: _____ **City:** _____ **Zip:** _____

Parent / Guardian Name: _____
(If member is 17 years or younger)

Emergency Contact Person: _____ **Phone:** _____

Type of Membership:

Youth 0-18 _____
Adult 19-61 _____
Senior 62+ _____
Single Adult Family _____
Family _____
Renew Active _____
Silver & Fit _____
FitOn Health _____
Staff _____
Program Member _____

New Member Rate

Monthly	Quarterly	Annually
$21.00	$63.00	$252.00
$61.00	$183.00	$732.00
$49.00	$147.00	$588.00
$71.00	$213.00	$852.00
$86.00	$258.00	$1,032.00
-	-	$0.00*
-	-	$0.00*
-	-	$0.00*
-	-	-
-	-	$11.00**

*On program enrollment confirmation

Race/Ethnicity:

Asian/Pacific Islander _____
African American / Black _____
Alaskan Native _____
Hispanic _____
Native American _____
Other _____
Unspecified _____
Caucasian / White _____

I am a:

College Student _____
Military/Veteran _____
First Responder _____

_____ **Yes, I would like to receive text messages about facility closures, reminders, and other updates.**
Message and data rates may apply. Message frequency varies. Text HELP for help. Text STOP to cancel.
Please ensure phone number provided above is capable of sending and receiving texts.

Member Information

Adult #1 is the primary member and/or the person responsible for paying the bill. Adult #2 is spouse or domestic partner. Children 17 years or younger, full time students living at home, or if you can claim them on your taxes may be included.
Unique phone number AND/OR email required for adult members, or youth age 9+ on their own, for check-in.

Adult #1	First Name	MI	Last Name	M/F	Birth Date
	Phone		Email		ID Checked (18+)
Adult #2	First Name	MI	Last Name	M/F	Birth Date
	Phone		Email		ID Checked (18+)
Child #1	First Name	MI	Last Name	M/F	Birth Date
	Phone		Email		ID Checked (18+)
Child #2	First Name	MI	Last Name	M/F	Birth Date
	Phone		Email		ID Checked (18+)
Child #3	First Name	MI	Last Name	M/F	Birth Date
	Phone		Email		ID Checked (18+)
Child #4	First Name	MI	Last Name	M/F	Birth Date
	Phone		Email		ID Checked (18+)
Child #5	First Name	MI	Last Name	M/F	Birth Date
	Phone		Email		ID Checked (18+)
Child #6	First Name	MI	Last Name	M/F	Birth Date
	Phone		Email		ID Checked (18+)

Waiver and Release from Liability

LIABILITY WAIVER: You (Buyer, each Member, and all guests) agree that if you engage in any physical exercise or activity or use any part of the facility on the premises, you do so at your own risk. This includes, without limitation, your use of the locker room, pool, hot tub, sauna, steamroom, parking area, sidewalk, or any equipment in the health and wellness center and your participation in any activity, class, program, or instruction. You agree that you are voluntarily participating in these activities and using these facilities and premises and assume all risk of injury to you or the contraction of any illness or medical condition that might result, or any damage, loss or theft of any personal property. You agree on behalf of yourself (and your personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge us (and our affiliates, employees, agents, representatives, successors and assigns) from any and all claims or causes of action (known or unknown) arising out of our negligence. This Waiver and Release of liability includes, without limitation, injuries which may occur as a result of (a) your use of any exercise equipment or facilities which may malfunction or break, (b) our improper maintenance of any exercise equipment or facilities, (c) our negligent instruction or supervision, (d) you slipping and falling while in YMCA of Grays Harbor or on the premises, and (e) including exposure to and infection with viruses or bacteria.
You acknowledge that you have carefully read this Waiver and Release and fully understand that it is a release of liability. You are waiving any right that you may have to bring a legal action to assert a claim against us for our negligence.

Coronavirus / COVID-19 Warning & Disclaimer
Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YMCA of Grays Harbor programs or accessing YMCA of Grays Harbor facilities could increase the risk of contracting COVID-19.** The YMCA of Grays Harbor in no way warrants that COVID-19 infection will not occur through participation in YMCA of Grays Harbor programs of accessing YMCA of Grays Harbor facilities.

PROPERTY LOSS: I understand that the YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using YMCA facilities or on YMCA program premises.

PHOTOGRAPH PERMISSION: I give my permission for the YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my image or voice for purposes of promoting or interpreting the YMCA.

INSURANCE: I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all YMCA activities. The YMCA does not provide any accident or health insurance for its participants.

MEDICAL RELEASE: I authorize the YMCA of Grays Harbor, as my agent, to give consent to surgical or medical treatments by a licensed physician or hospital when such treatment is deemed necessary by the physician and I cannot be contacted within a reasonable time or otherwise unable to give such consent. I authorize the YMCA to give first aid, CPR, or other treatment by a qualified staff member.

ACCEPTANCE: This waiver and release is given for me and on behalf of the minor members of my family listed, if any. I acknowledge the conditions for membership stated above. If any portions of this waiver are held to be invalid, I agree that the remaining terms shall continue to be in full legal force and effect. I have read, or have had read to me, and voluntarily sign this waiver and release from liability.

BEHAVIOR: The YMCA of Grays Harbor is founded on Christian principles and prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language or attire and or body art, smoking, use of alcohol or drugs, the removal of YMCA property and criminal conduct of any type. Such inappropriate behavior or conduct is unacceptable and the YMCA consequently retains the right to deny memberships to its applicants and to revoke a membership of any current member or participant at its sole discretion.

OFFENDER SCREENING: The YMCA of Grays Harbor conducts regular offender screenings on all members, program members, guests, and visitors. If an offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

REFUNDS: The joining and membership fees are non-refundable. Unused fees may be considered donations to the YMCA.

CHANGES/CANCELLATIONS: Any changes or cancellations must be presented in writing to the YMCA **30 DAYS** in advance.

FACILITY ACCESS:

Children Under 9

Children under 9 years should be directly supervised by a parent or guardian, a responsible member 14 years or older, or registered in a staff supervised program while in the building.

Children 9-13

Children ages 9-13 do not have to be directly supervised by an adult, but it is highly recommended. Youth may not loiter in exercise rooms, hallways, or locker rooms. Parents will be contacted if youth are participating in inappropriate behavior or are disrespectful of staff or facility rules.

Teens 14 and Older

Teens age 14 and older are considered adults in the YMCA facility and have access to all adult fitness equipment, classes and programs. Any teen displaying unsafe actions or behavior not in line with our YMCA values, may lose their adult privileges.

I acknowledge that I have received the Member Services Policies and Procedures Handbook and understand the information contained therein.

I acknowledge that all information supplied is accurate and current.

I have read, understand, and agree to follow the Waiver and Release from Liability.

X_____

PRINTED NAME OF MEMBER

X_____ **X**_____

SIGNATURE OF MEMBER or PARENT/GUARDIAN IF UNDER 18 YEARS OLD

DATE SIGNED