

# WELCOME TO THE YMCA OF GREATER BRANDYWINE!

Date \_\_\_\_\_ Customer ID # \_\_\_\_\_

Gender Date of Birth Employer  Address City State/ZIP  Primary Phone Phone (alt)  Interests   Weight Loss   Group Fitness Classes   Family Activities/Events   Kids Programs   Small Group Training   Ovalunteering   Child Watch   Medical   Parents Night Out   Parents Night Out	YOUR INFORMATION							
Primary Phone	Legal first name	MI	Las	t name		<b>Email</b> (prima	ary means for member notices)	
Primary Phone	Gender	Date	of Birth		Employe	r		
Primary Phone	dender	Date	: OI BII LII		Lilipioye	ı		
Interests   Weight Loss   Group Fitness Classes   Family Activities/Events   Kids Programs   Small Group Training   Strength Training   Volunteering   Child Watch   Medical   Personal Training   Strength Training   Volunteering   Child Watch   Medical   Personal Training   Child Watch   Medical   Personal Night Out   Personal Night Out   Medical   Personal Night Out   Personal Night O	Address			City		State/ZIP		
Nutrition   Personal Training   Strength Training   Volunteering   Child Watch   Parents Night Out	Primary Phone			Phone (alt)				
Nutrition   Personal Training   Strength Training   Volunteering   Child Watch   Parents Night Out	Interests	□ Group Fit	ness Classes	□ Family Ac	tivities/Events	□ Kids Programs	□ Small Group Training	
Swimming	_	•		•		_		
Google Search			_	_		_		
Google Search	HOW DID YOU HEAR A	BOUT THE Y	'MCA? (Check	all that apply)				
Insurance Company			`		mber	☐ Social Media	☐ Friend	
HOUSEHOLD INFORMATION Name (Last, if different)  Gender   Date of Birth (MM/DD/YY)   Relationship   Phone   Email   Employer	☐ Insurance Company	•				☐ Web page	☐ Mailer	
Name (Last, if different)  Gender  Date of Birth (MM/JOD/YY)  Relationship Phone Email Employer  Final Employer  Emergency Contact  Emergency Contact Name Emergency Contact Phone Emergency Contact Phone (alt)  ETHNICITY (optional)  Asian   Hispanic   African American   Caucasian   Native American   Multi-Racial   Other  HOUSEHOLD INCOME  Indicating your income helps the YMCA adjust its Income-Based Membership fee scale to accommodate our membership.  \$29,999 or less   \$30,000 to \$39,999   \$40,000 to \$49,999   \$50,000 to \$59,999   \$60,000 to \$69,999    \$70,000 to \$79,999   \$80,000 to \$99,999   \$100,000 or more	☐ Doctor Recommended	☐ Other (ple	ease list)					
EMERGENCY CONTACT  Emergency Contact Name Emergency Contact Phone Emergency Contact Phone (alt)  ETHNICITY (optiona)  Asian   Hispanic   African American   Caucasian   Native American   Multi-Racial   Other  HOUSEHOLD INCOME  Indicating your income helps the YMCA adjust its Income-Based Membership fee scale to accommodate our membership.  \$29,999 or less   \$30,000 to \$39,999   \$40,000 to \$49,999   \$50,000 to \$59,999   \$60,000 to \$69,999  \$70,000 to \$79,999   \$80,000 to \$99,999   \$100,000 or more	HOUSEHOLD INFORMATIO	N						
EMERGENCY CONTACT Emergency Contact Name	Name (Last, if different)	Gender		Relationship	Phone	Email	Employer	
Emergency Contact Name  Emergency Contact Phone  Emergency Contact Phone  Emergency Contact Phone  Emergency Contact Phone (alt)  ETHNICITY (optional)  Asian			(MM/UU/YY)					
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☐ Trial ☐ Smart Start ☐ ID Scan Membership type or action					Tour Given By			

## YMCA OF GREATER BRANDYWINE DRAFT AGREEMENT

### **INCOME-BASED MEMBERSHIP**

YMCA Financial Assistance is possible thanks to generous donations from area residents who want to ensure that those in need have access to YMCA membership and programs. Eligibility for financial assistance will be determined once all required documentation has been received from the applicant. All information provided to the YMCA will remain strictly confidential. Eligibility is based upon demonstrated financial need. The YMCA of Greater Brandywine reserves the right to deny assistance to any applicant who provides false or misleading information, or whose income cannot be verifed in accorance with YMCA policies. Warning: Any person who knowingly and with intent to defraud the YMCA, provides false or misleading information regarding their personal or family income will be assessed the full amount of their membership, retroactive to their initial join date.

Member/account holder initials here \_\_\_\_\_\_

DRA	FT.	ΔGI	RΕ	=M	FNT

I understand this authorization is continuous until I cancel my membership in writing seven business days before the next scheduled draft. I understand
I am responsible for submitting account changes in writing seven business days before a draft. I understand I am responsible for reviewing my bank/
credit card statement to ensure a draft has been stopped following my written notice. No refunds or credits are given. I understand I am responsible
for membership fees if the YMCA is unable to debit my account because of account changes or insufficient funds. Returned drafts incur a \$20 service
charge. Membership fees are subject to change with 30 days written notice. Members who age into a different membership category, or choose to switch
membership categories, will be automatically transferred to that category and drafted at the new category rate. I have read and understand the terms
of this agreement. I authorize my bank to honor pre-verified and/or verified monthly automatic YMCA membership dues and other authorized charges.
Monthly draft amount \$ Monthly drafts at the end of the month will fall on, or around, the last day of the month.
Outdoor pool membership (additional fee): 🗆 Jennersville YMCA 🗀 Kennett Area YMCA 🗀 Upper Main Line YMCA 🗀 West Chester Area YMCA
By my signature below, i agree to abide by the terms and conditions.
Member/account holder initials here

#### **INFORMED CONSENT**

#### ATTENTION-PLEASE READ THE FOLLOWING CAREFULLY. THIS WAIVER AFFECTS YOUR LEGAL RIGHTS.

I understand and acknowledge that my physical presence at the YMCA of Greater Brandywine (YMCA), my participation in recreational and fitness activities and programs (including, without limitation, live or virtual programs) and/or use of equipment (a) have inherent risks, dangers, and hazards; (b) may result in injury or illness including, but not limited to bodily injury or disease; (c) may result in risks, dangers or accidents that may be caused by the negligence of the representatives, employees, or volunteers of the YMCA, the negligence of the participants, the negligence of others or other causes; or (d) may expose me and individuals on my account, including minor children and older adults to extremely contagious bacterial and viral infections, communicable diseases and infectious diseases, that spread easily through person-to-person contact, surfaces and air and exposure and can lead to severe illness, personal injury, permanent disability, and death. I further understand that the activities of the YMCA have inherent risks and I understand that even when every reasonable precaution is taken, accidents can sometimes occur. I hereby assume all risks and dangers and all responsibility for any losses, injuries, diseases and/or damages whether caused in whole or in part by the negligence or the conduct of the representatives, employees, or volunteers of the YMCA, or by any other person. I, on behalf of myself, my personal representatives, my heirs and all of those on my account, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify the YMCA and its representatives, employees, contractors, members and volunteers from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my physical presence at the YMCA, my participation in recreational and fitness activities and programs (including, without limitation, live or virtual programs) and/or use of equipment and/or exposure to communicable and infectious diseases and bacterial and viral infections including but not limited to COVID-19. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future against the YMCA its representatives, employees, contractors, members and volunteers.

The YMCA is not responsible for lost or stolen property. I acknowledge that my name will be processed through the registry of identified sex offenders. I understand that membership requires that I submit a photo ID at the time of application and that my photograph will be taken as part of the application process. By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law. I agree to allow the YMCA to take digital images of those on this account, including those under the age of 18. I give the YMCA permission to incorporate the use of these digital images in print, broadcast and electronic/social media as it pertains to all aspects of YMCA business and marketing.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE THE YMCA FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Participant/Registration Holder Signature							
(18 or older): X	(18 or older): X	. (18 or older): X					
(18 or older): X	(18 or older): X	. (18 or older): X					
Participant Under 18 requires Parent/Guardian Signature.							
Parent/Guardian Signature:	Parent/Guardian Signature:						