



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO THE YMCA OF GREATER BRANDYWINE!

## YOUR INFORMATION

Legal first name	MI	Last name	Email (primary means for member notices)		
Gender	Date of Birth		Employer		
Address		City	State/ZIP		
Primary Phone		Phone (alt)			
Interests	<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Group Fitness Classes	<input type="checkbox"/> Family Activities/Events	<input type="checkbox"/> Kids Programs	<input type="checkbox"/> Small Group Training
	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Personal Training	<input type="checkbox"/> Strength Training	<input type="checkbox"/> Volunteering	<input type="checkbox"/> Child Watch
	<input type="checkbox"/> Swimming	<input type="checkbox"/> Senior Activities/Events	<input type="checkbox"/> Medical	<input type="checkbox"/> Parents Night Out	<input type="checkbox"/> _____

## HOW DID YOU HEAR ABOUT THE YMCA? (Check all that apply)

- |   |  |                                      |                                       |                                 |
|---|--|--------------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Google Search      | <input type="checkbox"/> Drive by                  | <input type="checkbox"/> YMCA member | <input type="checkbox"/> Social Media | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Insurance Company  | <input type="checkbox"/> Newspaper ad              | <input type="checkbox"/> Employer    | <input type="checkbox"/> Web page     | <input type="checkbox"/> Mailer |
| <input type="checkbox"/> Doctor Recommended | <input type="checkbox"/> Other (please list) _____ |                                      |                                       |                                 |

## HOUSEHOLD INFORMATION

Name (Last, if different)	Gender	Date of Birth (MM/DD/YY)	Relationship	Phone	Email	Employer

## EMERGENCY CONTACT

Emergency Contact Name	Emergency Contact Phone	Emergency Contact Phone (alt)
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## 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

## Staff Notes

Staff Name \_\_\_\_\_ Tour Given By \_\_\_\_\_

☐ Trial   ☐ Smart Start   ☐ ID Scan   Membership type or action \_\_\_\_\_

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

# 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 verified in accordance 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 \_\_\_\_\_

## DRAFT AGREEMENT

**Please review and initial each of the following to indicate your agreement and understanding.**

\_\_\_\_\_ **Membership/Program Charges:** You are enrolling in a recurring payment plan. Your credit or debit card will be charged \$ \_\_\_\_\_ every month year (circle appropriate option) for a \_\_\_\_\_ (enter membership type) membership. I authorize my bank to honor pre-verified and/or verified monthly automatic YMCA membership dues and other authorized charges. If the YMCA is unable to debit my account because of account changes or insufficient funds, returned drafts may incur a \$20 service charge.

\_\_\_\_\_ **Billing Date:** Payments will be charged on or about on the \_\_\_\_\_ (insert day) of each month/year (circle appropriate option) starting from the date of \_\_\_\_\_.

\_\_\_\_\_ **Cancellation Policy:** You can cancel your membership with seven business days' notice prior to your next scheduled payment. The cancellation process is simple and can be completed using the same method you used to begin your membership. You can cancel your membership by visiting the Welcome Center in your local branch or logging into your online account at [ymcagbw.org/greater-brandywine-members](http://ymcagbw.org/greater-brandywine-members). No additional fees will apply to cancellations. You understand you are responsible for reviewing your bank/credit card statement to ensure charges have been stopped following your notice to cancel. No refunds or credits are given.

\_\_\_\_\_ **Rate Adjustment Policy:** The YMCA may periodically adjust membership fees. If a fee increase is scheduled, the YMCA will provide at least 30 days' written notice (by mail or email) before the new rate goes into effect. This notice will include the specific amount of the increase and the date when it begins. If you do not agree with the new rate, you can cancel your membership before the effective date.

\_\_\_\_\_ **Upgrade/Downgrade:** Members who age into a different membership category, or choose to switch membership categories, will be automatically transferred to that category and billed at the new category rate.

## 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: \_\_\_\_\_