



276 Church Street • Newton, MA 02458 • (P) 617-244-6050
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West Suburban YMCA

APPLICATION FOR MEMBERSHIP

First: _____ M.I. ____ Last: _____

Preferred Name: _____ Biological Sex: _____ Preferred Gender Pronoun: _____

Phone: _____ Other Phone: _____

Local Address: _____ Birth Date: _____

City _____ State _____ Zip _____ Email: _____

Employer/School: _____

Where you referred by a West Suburban YMCA Member? Name: _____ ID: _____

Family Membership Information

Name (Last if different)	Preferred Gender	Birthdate	Relationship	Employer/Occupation

Membership Type: _____ Youth (ages 0 – 17; \$20/month) _____ Young Adult (ages 18 – 25; \$40/month)
 _____ Young Professional (ages 26 – 35; \$52/month) _____ Adult (ages 36 – 64; \$63/month)
 _____ Senior (ages 65 – 79; \$61/month) _____ Super Senior (ages 80+; \$57/month)
 _____ Couple (2 adults only; \$99/month) _____ Senior Couple (2 adults, 65+ only; \$96/month)
 _____ One Adult Family (includes kids ≤25; \$92/month) _____ Family (2 adults; includes kids ≤25; \$112/month)

IN CASE OF EMERGENCY Please Notify

Name: _____ Relationship _____ Phone _____
 Name: _____ Relationship _____ Phone _____

How did you learn about the WSYMCA?

Email/Web _____	Postcard _____	Chamber of Commerce _____	No Joining Fee _____
Family/Friend _____	Newspaper _____	Other _____	

Giving Back: I would like to donate via Bank Draft to help support less fortunate children and families in my community: \$5 ___ \$10 ___ Other \$ ___

Member's Signature: _____ Date: ____/____/____

Parent/Guardian's Signature: _____ Date: ____/____/____

(Required if member is under the age of 18)

STAFF ONLY

Total Due \$ _____	Payment Type: Card Cash Check (# _____)	Membership Type _____	Member ID _____	Form of ID(type) _____
Trust and Verify Y or N	Fit Connect Y or N	Raptor Y or N	Enrolled By _____	Date: _____
Corporate Affiliation: _____			Verified By _____	Date: _____

West Suburban YMCA Release and Waiver of Liability and Indemnity Agreement

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself 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 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 participation, and equipment thereon and such affiliated programs 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 IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his 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, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the 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 due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Massachusetts 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.

Monthly Membership Policies

30-day Money Back Guarantee: If you are not satisfied with your membership experience within the first 30 days of joining, we will refund your prorated amount paid at sign up. Reason(s) for cancellation must be submitted in writing to the Director of Membership within the first 30 days of membership and an in-person or phone conversation must occur before cancellation will take effect.

I agree that my bank/credit card statement will be my receipt for my membership payments. Monthly drafts will begin on the 15th of the month following my sign-up date. A prorated amount must be paid to begin membership.

I understand that the YMCA may, at their discretion, adjust the monthly rate applicable to my category of membership; I understand that I will be sent written notice at the most recent address I have provided to the YMCA at least 30 days prior to any change.

I understand and agree that it is my responsibility to keep my address current with the West Suburban YMCA.

Should my bank/credit card company, for any reason, not honor a monthly membership draft, I understand that I am still responsible for that payment plus a \$20 service charge. This is in addition to any service fee my bank or Credit Card Company may impose.

I understand that two or more consecutive months of outstanding dues payments can result in termination of membership.

I understand and agree it is my responsibility to send written notification of any changes to my bank/credit card account.

To freeze my account requires a seven-day written notice. One freeze per calendar year is allowed for at least one month up to no more than three months. Monthly payment drafts resume on the next 15th day of the month.

I agree that the West Suburban YMCA may use photographs and video of me with or without my name and for any lawful purpose, including but not limited to such purposes as publicity, illustration, security, advertising, and web content.

I understand that applying to be a member of the West Suburban YMCA will subject me to sex offender screening and possible denial or revocation of membership privileges.

I understand that memberships are non-refundable and non-transferable.

I understand that my membership is perpetual and that my membership will remain in effect until I carry out the procedures, noted on the previous page, necessary for termination.

Terms and Conditions

CANCELTION POLICY: Please Initial

I understand that this agreement does not automatically cancel. I understand that I must give written notice of termination at least 15 days before the next automatic draft date to further billing. (member/guardian initial here)

CONSUMER RIGHTS TO CANCELAITON

You may cancel this contract without any penalty or further obligation by causing a written notice of your cancellation to be delivered in person or postmarked by certified or registered United States mail within three (3) business days of the date of this contract initiation or the date of your receipt to the address specified in the contract.

I have read and understood the above requirements for termination and the member code of conduct. (member/guardian initial here)

I have read and comply with the release and waiver of liability, the indemnity agreement and membership policies. (member/guardian initial here)

(If prorated amount was subsidized with Trust and Verify) I understand that I must submit a complete Financial Aid application within two weeks of today's date or else my monthly rate will revert to the unsubsidized amount. (member/guardian initial her