



## RICHARD G SNYDER YMCA Financial Assistance Application

The RICHARD G SNYDER YMCA provides financial assistance to the extent possible to those in need. Proof of income is required and eligibility is determined by comparing your gross annual household income. We also take into consideration the number of people supported by your income. Once submitted, your application will be reviewed and you will be notified within two weeks. Assistance will be granted on a first come, first serve basis. Assistance will be granted for a maximum of six months for memberships or the length of the session programs. You can reapply to receive continued assistance.

**The following steps will guide you through the application process. Unfortunately, we cannot process incomplete applications. If you do not have a YMCA membership, attach a YMCA Membership Application to this form. If you have questions, our welcome center will be happy to assist you.**

### PRIMARY MEMBER (Parent or guardian for applicants under 18 years)

Legal First Name		Legal Last Name	
Address		City/State	Zip
Phone Number	Email Address:		

### ASSISTANCE REQUEST

Membership	<input type="checkbox"/> New Membership	<input type="checkbox"/> Membership Renewal	<input type="checkbox"/> Programs
	<input type="checkbox"/> Youth	<input type="checkbox"/> Special Needs Youth	<input type="checkbox"/> Adult
	<input type="checkbox"/> Special Needs Adult	<input type="checkbox"/> 2 Adults	<input type="checkbox"/> Household
	<input type="checkbox"/> Single Adult Household	<input type="checkbox"/> Senior Citizen	<input type="checkbox"/> 2 Senior Citizens

### INCOME VERIFICATION

Household Monthly Income		Applicant	2nd Adult
	Monthly Income (include all sources including assistance & child support)	\$	\$
Number of Adults supported by above income: _____ Number of children supported by about income: _____			

Attach the Following Documents	<p>If there are two adults in the household, documents must be provided for both adults to verify the income listed above.</p> <p><input type="checkbox"/> Membership Application (If you do not have a current YMCA membership)</p> <p><input type="checkbox"/> Two of the following income verifications:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Federal Income Tax Filing for previous year (W2 forms do not qualify)</li> <li><input type="checkbox"/> Two months of paycheck stubs</li> <li><input type="checkbox"/> Current SSA/Social Security Retirement Documents</li> <li><input type="checkbox"/> Current Statement of award of benefits for public assistance</li> <li><input type="checkbox"/> Most recent unemployment check stubs</li> <li><input type="checkbox"/> An official letter from a case manager or similar such authorities if you are unemployed, not receiving benefits, are participating in a structured job training or rehabilitation program, or are homeless or living in a homeless shelter.</li> </ul>
	<p>If you feel that you have extenuating circumstances not evidenced by the above information, you may submit a statement explaining your current situation. Please attach it to your application with the above income verification.</p>

***I certify that the above information is true and complete to the best of my knowledge. I understand the above agreement and my obligations. I further understand that the YMCA's policy for payment applies to this agreement.***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# OFFICE USE ONLY

## Membership Assistance

<b>Approved:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Assistance Amount:</b>		<b>Adjustment Code:</b>	
<b>Membership:</b>				<b>Monthly Dues:</b>	
<b>Contacted:</b>	<input type="checkbox"/> Letter <input type="checkbox"/> Phone Call <input type="checkbox"/> Email Date: _____                      Date: _____                      Date: _____				



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Richard G. Snyder YMCA Campus

Household   
  Single Household   
  Adult   
  2 Adults   
  Senior Citizen  
 2 Senior Citizens   
 Youth   
 Youth Multiple   
 Special Needs Adult   
 Special Needs Youth   
 Military (Active/Veteran)  
 NEW   
 CHANGE   
 Payment type:   
 Annual Pay   
 Bank Draft   
 Credit Card

Staff: _____
Date: _____

Employer : \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Do you allow SMS texts? YES NO Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 E-mail Address \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 Why the Y?   
 Fitness Classes   
 Youth Sports   
 Pool   
 Equipment

First Name	Last Name	Age	Birth Date	Sex	Relationship
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		

### Bank Draft Application for Richard G. Snyder YMCA Campus

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle \_\_\_\_\_  
 Bank Name \_\_\_\_\_ Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_ Checking  Savings   
 Credit Card Type \_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ 3 Dig # \_\_\_\_\_  
 Your First Draft will Be On: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initial Payment \$ \_\_\_\_\_ Monthly Draft Amount \$ \_\_\_\_\_

The Bank Draft payment plan is an authorization for the Y to draft a member's account for monthly membership payments. Credit cards may be used with a \$1.00 convenience fee per transaction. Membership will remain active and continue to draft until a Cancellation Form is filed at the Richard G. Snyder YMCA Campus. If filed before the **25th** of the month the membership will terminate at the end of the month. **NO PHONE or EMAIL CANCELLATIONS.**

**Cancellation will not be accepted until past dues are paid.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reoccurring payments will be charged via bank draft/credit card within the first 5 business days of each month. Membership holds will not be authorized unless medically necessary with official documentation from the Doctor and approval from the Membership Director. Two consecutive insufficient fund transactions will result in termination of membership. A **\$30.00** service fee for each insufficient fund transaction. All past dues will be charged when the membership is reactivated. Refunds from **ANNUAL Memberships** will not be given unless due to medical reasons. Member is held accountable for membership type changes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## TERMS AND CONDITIONS

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access. I agree to abide by the rules and regulations of the YMCA, which are designed for the enjoyment of all its members. The protection of members and guest who are utilizing the YMCA is of paramount concern to the YMCA. We reserve the right to deny access of membership to any person whose behavior is determined to be in conflict with the welfare and safety of other members and/or staff. This includes a person is a registered sexual offender; has plead guilty to or been convicted of any crime involving sexual abuse; or a crime against persons such as a child, spousal or parental abuse. It will also include any offense related to the sale or transportation of illegal, habit forming or dangerous drugs; is presently clearly under the influence of intoxicating beverages or behavior modifying drugs. This code of conduct does not permit language or any action that can hurt or frighten another person or that falls below a generally accepted standard of conduct. This includes inappropriate attire, angry or vulgar language, physical contact with another person in angry or threatening way, any demonstration of sexual contact or activity, harassment or intimidation by words, gestures, body language or any other menacing behavior, theft or behavior resulting in destruction of property. Parents are held responsible for the behavior of their children.

## INFORMED CONSENT/LIABILITY WAIVER AGREEMENT

I/We, the undersigned, realized that there may be medical risks associated with physical exercise, the use of this facility, or use of equipment within the facility. I/We also recognize that the YMCA cannot evaluate my/our physical abilities and medical limitations as they pertain to participation in programs, to use the facility, or use of equipment within the facility. I/WE THEREFORE ASSUME ALL RESPONSIBILITY FOR HAVING A THROUGH MEDICAL EXAMINATION PERFORMED, BY A MEDICAL PRACTITIONER OR MY/OUR CHOICE, BEFORE PARTICIPATING IN ANY PROGRAMS AND PRIOR TO USING THE FACILITIES OR EQUIPMENT WITHIN YMCA FACILITIES.

Furthermore, in consideration of my/our participation in the activities of the YMCA and its respective officers, employees and members, including but not limited to its or their own negligence, and do hereby for myself/ourselves. Heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I/We may have or which may hereafter accrue to me arising out of or connected with my participation in any of the activities of the YMCA, use of its facilities, or use of the equipment within its facilities.

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of YMCAs 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 of other claims, including loss of property, to the fullest extent of the law. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

## YMCA Photo/Audio Visual/Narrative Release

Consent & License. For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America ("YMCA of the USA") or any of its chartered member associations in the United States (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All works shall belong to YMCA of the USA;
- The Y has no duty of confidentiality regarding any licensed uses;
- YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;
- The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

I, undersigned, have read, understand and agree to the above.

Signature of Applicant

Date

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