

# MEMBERSHIP APPLICATION YMCA STAFF CHECKLIST



Member's Name \_\_\_\_\_ Date \_\_\_\_\_

Membership Type \_\_\_\_\_ All members present: Y/N

Family Center \_\_\_\_\_

\_\_\_\_\_ YMCA of Central Florida Member Application Form

\_\_\_\_\_ Waiver, Release and Indemnification Agreement

**Separate one required per each individual listed on member application**

If all waivers are not completed, who is missing?:

_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_ Photo/Audio Visual/Narrative Release

**Separate one required per each individual listed on member application**

If all releases are not completed, who is missing?:

_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_ Membership Dues/Fees Agreement

\_\_\_\_\_ Photo On File (CI Verify)

\_\_\_\_\_ Photo Identification to Verify Information

Type of Picture ID \_\_\_\_\_

Issuing State/School \_\_\_\_\_

\_\_\_\_\_ All information entered into Salesforce, including data for each household member (Legal name, date of birth, address, phone number, and email)

Signature of staff completing application \_\_\_\_\_ Print name \_\_\_\_\_



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# YMCA OF CENTRAL FLORIDA MEMBERSHIP APPLICATION

Member Number		Date																																																											
<b>Primary Account Holder</b>		Title	First Name	MI	Last Name	Suffix	Nickname																																																						
<b>HOME</b>	Primary Phone		Alternate Phone		Date of Birth		Gender																																																						
	Preferred Email																																																												
	Billing Address																																																												
	City	State		Zip +4		Marital Status																																																							
	Mailing Address (if different from billing)																																																												
	City			State		Zip +4																																																							
	Emergency Contact (Other than your household) <b>Required</b>																																																												
<b>WORK</b>	Name				Phone																																																								
	Company Name				Employer Phone																																																								
	Street Address			City		State	Zip +4																																																						
How did you hear about the Y? What is your reason for joining? _____																																																													
<table border="0" style="width:100%;"> <tr> <td><b>Please check:</b></td> <td><b>Ethnic Origin</b></td> <td><b>1<sup>st</sup> Adult</b></td> <td><b>2<sup>nd</sup> Adult</b></td> <td><b>Dependents</b></td> <td><b>Ethnic Origin</b></td> <td><b>1<sup>st</sup> Adult</b></td> <td><b>2<sup>nd</sup> Adult</b></td> <td><b>Dependents</b></td> </tr> <tr> <td></td> <td>African American</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Multiracial</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>Eastern European</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Native American</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>Hispanic/Latino</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Pacific Islander/Asian</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>Middle Eastern</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>White/Caucasian</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Other</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>								<b>Please check:</b>	<b>Ethnic Origin</b>	<b>1<sup>st</sup> Adult</b>	<b>2<sup>nd</sup> Adult</b>	<b>Dependents</b>	<b>Ethnic Origin</b>	<b>1<sup>st</sup> Adult</b>	<b>2<sup>nd</sup> Adult</b>	<b>Dependents</b>		African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Multiracial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Eastern European	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Native American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Hispanic/Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pacific Islander/Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Middle Eastern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White/Caucasian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Please check:</b>	<b>Ethnic Origin</b>	<b>1<sup>st</sup> Adult</b>	<b>2<sup>nd</sup> Adult</b>	<b>Dependents</b>	<b>Ethnic Origin</b>	<b>1<sup>st</sup> Adult</b>	<b>2<sup>nd</sup> Adult</b>	<b>Dependents</b>																																																					
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<p>I, _____ hereby acknowledge that I have received a copy of the YMCA's Notice of Code of Conduct including its impact on my YMCA Membership. The effective date of the Notice is March 1, 2018. I understand that the YMCA of Central Florida may need to change its policies including but not limited to its Code of Conduct from time to time. The YMCA of Central Florida commits to posting all material changes on our websites and update the "Effective Date" so that you will always know our policies.</p> <p>Signature _____ Date _____</p> <p>As one of the nation's largest providers of youth and family programs, the Y long has made the safety of children and all vulnerable populations a top priority. Providing a safe, secure environment for members and participants begins with knowing who has access to YMCAs through membership, which underscores the important of membership screening. 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.</p>																																																													



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# YMCA OF CENTRAL FLORIDA MEMBERSHIP DUES/FEE AGREEMENT

Member's Name	Member Type	Date
If Annual: Payment Date	Amount \$	
If Monthly: Monthly Recurring Payment Date	Amount \$	Per Month

Payment Type (Circle one):     Checking/EFT     Credit Card

**Electronic Funds Transfer Authorization**

If providing a check as payment, I \_\_\_\_\_ authorize you to use information from my check to make a one-time electronic payment funds transfer (EFT) or draft from my account, or to process the payment as a check transaction. When you use information from my check to make an EFT, funds may be withdrawn from the account as soon as the same day my payment is received, and I will not receive my check back from my financial institution.

I \_\_\_\_\_ authorize my bank to honor pre-authorized EFTs drawn by the YMCA of Central Florida for monthly membership payments and/or contributions. It is understood that my EFT membership will be continuous until after written notification has been received by the YMCA of Central Florida. When the bank honors the EFT by charging my account, such EFTs constitute my receipt for the payment. Should any EFT not be honored by said bank when received by them, it is understood that payment is to be made by me in the amount of said payment plus service charge.

**Credit Card Payment**

Card Type:     Visa     Mastercard     Amex     Discover

I, \_\_\_\_\_ authorize the YMCA of Central Florida to charge my account/card ending in (last 4 digits) \_\_\_\_\_ on a monthly basis to pay for my membership dues.

**Please read and initial each section below to acknowledge these terms.**

- |         |  |
|---------|--|
| Initial | 1. I understand cancellations must be submitted on the required Membership Cancellation Form <b>IN PERSON</b> to a <b>YMCA of Central Florida Family Center AT LEAST 30 DAYS PRIOR TO THE NEXT DRAFT DATE</b> . Failure to do so will result in that month's draft being non-refundable. <b>Cancellations via fax, phone, mail or email are not permitted. A YMCA of Central Florida Membership Cancellation Form must be completed.</b> |
|---------|--|
- |         |   |
|---------|---|
| Initial | 2. I understand the Join Fee is non-refundable. If a membership has lapsed for more than 30 days from the last draft, the full Join Fee must be paid upon return. |
|---------|---|
- |         |   |
|---------|---|
| Initial | 3. I understand annual memberships are non-refundable and non-transferable, and the membership must be renewed within 30 days of expiring to avoid paying a Join Fee. |
|---------|---|
- |         |   |
|---------|---|
| Initial | 4. I understand dues are continuous every month regardless of use of the Family Center until the proper change procedure is followed. If for any reason your check or electronic draft is returned, it may be collected electronically through a third party vendor. A minimum return fee of \$20 will be assessed for this service. The YMCA is not responsible for any other collection fees assessed by individual banking institutions. |
|---------|---|
- |         |   |
|---------|---|
| Initial | 5. I understand any members whose electronic draft is returned and not resolved prior to the next draft date will have his or her membership canceled by the YMCA. In order to reinstate a membership, all outstanding balances must be paid in full. |
|---------|---|
- |         |   |
|---------|---|
| Initial | 6. I understand members are encouraged to bring guests. Each guest may receive 1 complimentary visit, the second visit is \$10. All guests must present a valid photo ID with DOB upon visiting. All guests are required to complete a guest waiver form. Guests ages 12-17 must have a parent or guardian over the age of 18 sign them in. A parent must accompany guests ages 11 and younger during their entire visit. |
|---------|---|
- |         |  |
|---------|--|
| Initial | 7. I understand members are allotted ONE 3-month hold per year at \$10/month. Holds must be submitted in person to a YMCA family center. |
|---------|--|
- |         |  |
|---------|--|
| Initial | 8. I understand memberships and program fees are non-transferable and will not be refunded beyond 6 months after payment has been processed. |
|---------|--|
- |         |   |
|---------|---|
| Initial | <b>I understand the above membership financial terms/information and agree to abide by all policies and procedures set forth by the YMCA of Central Florida. (Rates are subject to change.)</b> |
|---------|---|

Account Holder's Signature \_\_\_\_\_

Date \_\_\_\_\_ Staff Initials \_\_\_\_\_

MEMBER# _____ <small>TO BE ENTERED BY YMCA STAFF</small>
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# YMCA OF CENTRAL FLORIDA WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

**EFFECTIVE APRIL 2018**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Central Florida for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA of Central Florida, 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 of Central Florida for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities 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 participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA OF CENTRAL FLORIDA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA OF CENTRAL FLORIDA, 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 of Central Florida, 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 therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees 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 of Central Florida, without respect to location including travel.
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 of Central Florida premises or in any way observing or using any facilities or equipment of the YMCA of Central Florida or participating in any program affiliated with the YMCA of Central Florida without respect to location including travel 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 of Central Florida and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA of Central Florida without respect to location including travel.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the state of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT:**

Participant's Printed Name: \_\_\_\_\_

Participant/ Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

<p>MEMBER# _____</p> <p>TO BE ENTERED BY YMCA STAFF</p>
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## YMCA OF CENTRAL FLORIDA PHOTO/AUDIO VISUAL/ NARRATIVE RELEASE

**EFFECTIVE APRIL 2018**

I am 18 years of age or older. If not, my parent or legal guardian must consent and give permission on my behalf.

### **Consent.**

For participation in activities to be conducted by the YMCA of Central Florida, consent must be provided, now and indefinitely, to the YMCA of Central Florida and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast:

- video film or footage of me (or my dependent child),
- sound track recordings of me (or my dependent child),
- photo reproductions of me (or my dependent child),
- any narrative account of my (or my dependent child's) experience

Consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes unlimited and unrestricted reproductions in any form and media, adaptations and/or revisions created for YMCA of Central Florida use.

I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

### **Ownership, Confidentiality, and Shared Use.**

With respect to any of the above uses, I further agree:

- All uses shall belong to the YMCA of Central Florida and it may share them with others;
- There is no obligation of confidentiality
- YMCA of Central Florida and collaborating third parties will not be liable for any use or disclosure to a third party
- YMCA of Central Florida shall exclusively own all known or later existing rights to the uses worldwide.
- YMCA of Central Florida can use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose and without compensation to me.

### **Release from Liability.**

I agree that my consent is irrevocable. I hereby release and discharge the YMCA of Central Florida, its related parties and those it has given permission to use the above, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, the use, or the shared use of the above materials.

Participant's Printed Name: \_\_\_\_\_

Age: \_\_\_\_\_

Participant/ Legal Guardian Signature: \_\_\_\_\_

Legal Guardian Printed Name: \_\_\_\_\_

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

MEMBER# _____ TO BE ENTERED BY YMCA STAFF
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# NOTICE OF CODE OF CONDUCT

## YMCA OF CENTRAL FLORIDA

### THE EFFECTIVE DATE OF THIS NOTICE IS **MARCH 01, 2018.**

THIS NOTICE OUTLINES THE MEMBER, PROGRAM PARTICIPANTS, GUESTS AND VISITORS CODE OF CONDUCT AND ITS IMPACT ON ACCESS AND MEMBERSHIP. **PLEASE REVIEW IT CAREFULLY.**

#### CODE OF CONDUCT

THE YMCA OF CENTRAL FLORIDA'S CODE OF CONDUCT OUTLINES PROHIBITED ACTIONS. THE PROHIBITED ACTIONS LISTED BELOW ARE NOT TOTALLY INCLUSIVE OF ALL BEHAVIORS THAT ARE INAPPROPRIATE BUT INCLUDE:

- Not checking into membership desk of Family Center. All YMCA members and program participants (including but not limited to YMCA programs such as EnhanceFitness, LiveStrong at the YMCA, YMCA's Diabetes Prevention Program, and third-party payors (including but not limited to Silver Sneakers and OPTUM Passport) must present their Y card or appropriate identification (including fingerprint when applicable) each time for access; or if a guest or visitor (including individuals with appointments at Orlando Health Outpatient Rehabilitation or Florida Hospital for Children Weight and Wellness Clinic), then must present identification (photo ID) and complete appropriate paperwork to gain access upon each visit.
- Inappropriate attire. Appropriate attire must be worn at all times including closed toe shoes on wellness floor, no explicit slogans on t-shirts etc.
- Verbally abusive behavior including angry or vulgar language, including swearing, name-calling or shouting.
- Physical contact with another person in any angry, aggressive or threatening way.
- Any demonstration of sexual activity or sexual contact with another person including sexually explicit conversation.
- Harassment or intimidation by words, gestures, body language or any menacing behavior including via social media. This behavior is inappropriate toward other members, guests, visitors and YMCA staff.
- Theft or behavior that results in the destruction of YMCA property.
- Carrying or concealing any weapons or devices or objects that may be used as weapons.
- Using or possessing illegal chemicals or alcohol on YMCA property, in YMCA vehicles, or at YMCA sponsored programs.
- Any other conduct of an inappropriate, threatening or offensive nature.
- Use of cell phones or any electronic device to take pictures or record individual(s) or activities within the YMCA or on YMCA property without specific authorization and consent of the YMCA.
- Loitering is not permitted in or outside the YMCA.
- Smoking is not permitted in or outside the YMCA. The YMCA and its property is a smoke-free environment.

#### IMPACT

In addition, YMCA reserves the right to do background checks on its members as well as screening for sex offenders. Moreover, The YMCA reserves the right to deny access or membership to any person who:

- violated the Code of Conduct
- has been accused or convicted of any crime involving sexual abuse;
- is a registered sex offender;
- habitually or excessively uses narcotics or dangerous drugs;
- has ever been convicted of any offense relating to the use, sale, possession, or transportation of narcotics or habit forming and/or dangerous drugs;
- continuously or excessively uses intoxicating beverages.