



# BUTTE FAMILY YMCA

## MEMBERSHIP APPLICATION

| <u>Membership Type</u>   | <u>Join Fee</u> | <u>Monthly Fee</u> |
|--|-----------------|--------------------|
| Family (2 adults and children 18 and under or up to 23 if a full time student) | \$60            | \$74               |
| Adult (26-61 years)  | \$60            | \$48               |
| Adult Couple (2 adults 18+ years)  | \$60            | \$64               |
| Senior (62+ years)   | \$60            | \$42               |
| Senior Couple (1 needs to be 62+)  | \$60            | \$59               |
| Young Adult (19-25 years)  | \$60            | \$37               |
| Full-Time College  | \$30            | \$21               |
| Youth (4-18 years)   | N/A             | \$21               |
| Locker Rental  | N/A             | \$5                |

**APPLICANT INFORMATION:**

All applicant information is kept confidential and is strictly for use by the YMCA. Information is not shared or sold to third parties.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CO-APPLICANT INFORMATION:**

Applies to Family or Couple memberships only

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F Relation to Primary: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**CHILDREN/DEPENDENTS: (Family memberships only)**

| FULL NAME | DOB | AGE | GENDER |
|-----------|-----|-----|--------|
|           |     |     | M F    |
|           |     |     | M F    |
|           |     |     | M F    |
|           |     |     | M F    |
|           |     |     | M F    |

EFT AUTHORIZATION DATE: 5th of each month

**DEBIT/CREDIT CARD: (Visa or Mastercard)**

Name on card:

\_\_\_\_\_

Address for card:

**CHECKING/SAVINGS ACCOUNT:**

Name on account:

\_\_\_\_\_

Routing Number:

\_\_\_\_\_

OR

**ELECTRONIC FUNDS TRANSFER (EFT) PAYMENT AUTHORIZATION:**

Please read and initial each item and sign and date the bottom.

\_\_\_\_\_ I authorize my financial institution to honor drafts drawn by the Butte Family YMCA on my account. Drafts from my account will be deducted on the 5th of each month. The amount drafted will be the current amount due on my account.

\_\_\_\_\_ I understand that EFT/Bank drafts to the Butte Family YMCA are administered by E-Cash Flow. I understand that any non-sufficient draft will be charged a \$30 fee by E-Cash Flow and is non-refundable. If E-cash Flow is unable to collect dues from my account after 20 days, it is my responsibility to make payment to the Butte Family YMCA for all fees due, including any fees not covered by my financial institution.

\_\_\_\_\_ Should any draft, through monthly EFT/Bank drafts or credit/debit cards not be honored by my financial institution, I understand that it is my responsibility to make payment for all fees due, including any fees not covered by my financial institution.

\_\_\_\_\_ I understand that I will be notified in writing of any monthly rate changes that are approved by the Butte Family YMCA Board of Directors during the course of my membership. I understand that all down payments are non-refundable.

ACCEPTANCE: By signing below, I acknowledge the EFT Authorization set forth above:

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHANGES/CANCELLATION OF MEMBERSHIP:**

Please read and initial each item, agreeing to the following statements.

\_\_\_\_\_ I understand that my membership is a subscription and that as such it will continue to auto-renew monthly unless written cancellation is provided on or before the last day of the month or by the 20th of the month for payroll deduction.

\_\_\_\_\_ I understand that if I do not provide written cancellation of my membership by the last day of the month or the 20th for payroll deduction I will be responsible for any charges to the account.

\_\_\_\_\_ I understand that I will owe the monthly membership rate regardless of whether I have used the facility.

**WHERE DID YOU HEAR ABOUT THE BUTTE FAMILY YMCA?**

\_\_\_\_\_ Montana Standard \_\_\_\_\_ Facebook \_\_\_\_\_ TV/Radio \_\_\_\_\_ Program Guide \_\_\_\_\_ Program Participation \_\_\_\_\_ Family/Friend

\_\_\_\_\_ Other (Please describe): \_\_\_\_\_

Interested in being a YMCA volunteer? Pick up your volunteer application at the front desk today!

WAIVER AND CONSENT FORM: (Please read and sign below)

- In consideration for participating in Butte Family YMCA Activities, I hereby release, waive, discharge and hold harmless Butte Family YMCA, their officers, agents, and employees (hereinafter referred to as RELEASES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of, or related to any loss, damage, or injury that may be sustained by me, my children, or to any property belonging to me, regardless of the cause; including negligence of RELEASES, while participating in such activity, or while upon the premises where the activity is being conducted or in transportation to and from said premises.
- I certify that I or my children’s present level of physical condition is consistent with the demands of active participation. I am fully aware of risks and hazards connected with YMCA activities, including daily program transportation, YMCA field trips, swimming, emergency medical care, authorized dispensing of prescription medications and I hereby elect to voluntarily participate or to have my children participate in said activity and assume the risks associated with the activity.
- I further hereby agree to indemnify and hold harmless RELEASES from any loss, liability, damage or costs, including court costs and attorney’s fees, that may be incurred due to my participation or my children’s participation in said activity, whether caused by negligence of RELEASES or otherwise.
- I understand that the Butte Family YMCA will not be responsible for any medical costs associated with an injury I or my children may sustain. As a parent and/or guardian, I authorize the treatment of participants as deemed necessary by medical professionals in the event of a medical emergency.
- I further agree to become familiar with the rules and regulations of the Butte Family YMCA concerning my conduct or the conduct of my children and not to violate said rules of any directive or instruction made by the person or persons in charge of said activity. I will further assume the complete risk of any activity done by me or my children in violation of any rule, directive, or instruction.
- I understand that payment for programs or services is due prior to the start of the program. Should a bank return an EFT or check for insufficient funds, I will be charged a fee of \$5 per occurrence. The YMCA reserves the right to issue credit or refunds at its discretion in the event of program cancellation or as special circumstances arise. Approved refunds will be assessed a \$10 processing fee prior to being refunded.
- I give my permission to the Butte Family YMCA to use photographs, film footage, or tape recordings which may include my or my children’s image or voice for purpose of promoting or interpreting YMCA programs.

Parent/Athlete Concussion Information:

With any physical activity there is a risk of concussion. A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a ding, getting your bell rung or what seems to be a mild bump or blow to the head can be serious.

Signs and Symptoms of Concussion:

Appears dazed or stunned, is confused about assignment or position, forgets an instruction is unsure of game, score, or opponent, moves clumsily, answers questions slowly, loses consciousness (even briefly), shows mood, behavior, or personality changes, cannot recall events prior to hit or fall, cannot recall events after hit or fall. Athletes may report headache or pressure in head, nausea or vomiting, balance problems or dizziness, double or blurry vision, sensitivity to light, sensitivity to noise, feeling sluggish, hazy, foggy, or groggy, concentration or memory problems, confusion, just not feeling right or feeling down. Athletes should receive medical attention if the following are observed: one pupil larger than the other, is drowsy or cannot be awakened, a headache that not only does not diminish, but gets worse, weakness, numbness, or decreased coordination, repeated vomiting or nausea, slurred speech, convulsions or seizures, cannot recognize people or places, becomes increasingly confused, restless, or agitated, has unusual behavior, loses consciousness (even a brief loss of consciousness should be taken seriously.) If an athlete has a concussion, his/her brain needs time to heal. While an athlete’s brain is still healing, he/she is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal. A concussion is a brain injury, which should be reported to parents, coach(es), or a medical professional. A concussion can affect the ability to perform everyday activities such as balance, the ability to think, and classroom performance. A concussion cannot be seen. Some symptoms might be present right away; however other symptoms can show up hours or days after an injury. The athlete will be removed from play or practice and cannot return to play in a game or practice if a hit to their head or body causes any concussion-related symptoms. Signature acknowledges understanding of concussion symptoms and I understand that if my child in a game or practice receives a hit to their head or body and causes any concussion-related symptoms they will be removed from play or practice and may not return until they have been cleared by a licensed health care professional. The athlete will need written permission and a copy of the permission slip will need to be turned into the coach and the YMCA before they return to practice or play.

In signing this release, I acknowledge and represent that I am at least eighteen (18) years of age, I have read and understand this waiver, and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made.

It is the policy of the Butte Family YMCA to deny membership or guest access to any individual on any sexual and/or violent offender registry. The Butte Family

Applicant’s Signature: \_\_\_\_\_

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

STAFF USE ONLY

| SVOR Checked: | Member ID: | Membership Type: | Employee Initials: | Notes: |
|---------------|------------|------------------|--------------------|--------|
|               |            |                  |                    |        |