



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME!

## To the Superior Family YMCA

The Y is a cause-driven organization that is for Youth Development, Healthy Living and Social Responsibility. Membership is open to all. Everyone is welcome regardless of race, religion, age, gender, sexual orientation, national origin, economic level, or disability.

**Office Use Only:**

Member ID: \_\_\_\_\_  
 Staff name: \_\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Photo ID and Name checked?  
 Photo taken of member(s) in Daxko?  
 Gave new member welcome information  
  
 Prorated amounts charged  
 Discounted Membership? List all discount(s) applied: \_\_\_\_\_  
 Booked for wellness center orientation  
 Payment Method \_\_\_\_\_

**Membership Type:** (Please select one) Please have a valid photo ID ready.

- Youth (0-17)
- 1 Adult Family\* (hardship category)
- Silver Sneakers
- Young Adult (18-25)
- 2 Adult Family\*\*
- Silver & Fit
- Adult (26+)
- Renew Active/One Pass

\*1 Adult Family is defined as a one adult household with only one income and their dependents (through age 18). All family members must reside at the same address.

\*\*2 Adult Family is defined as a two adult household and their dependents (through age 18 if in high school). All family members must reside at the same address.

**Primary Member Info:** If application is for Youth Membership, please list parent/guardian as primary

Full Legal Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_  
 Phone #:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**Spouse/Partner of Primary Info:**

Full Legal Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_  
 Phone #:(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**Additional Family Members:**

List additional household members (all must reside at the address listed above):

Full Name	Age	DOB	Gender	Relationship	Ethnicity
1. _____	_____	____/____/____	_____	_____	_____
2. _____	_____	____/____/____	_____	_____	_____
3. _____	_____	____/____/____	_____	_____	_____
4. _____	_____	____/____/____	_____	_____	_____

**+ Emergency Contact Info:** (adult not listed on the membership)

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact #: (\_\_\_\_) \_\_\_\_\_

**Optional Services:**

Kit Locker \$11.00/month

**Payment Information/Authorization:**

Checking Account (attach voided check)

Credit/Debit Card

Savings Account (attach bank deposit slip)

**Please Read Carefully and Initial:**

\_\_\_\_\_ Membership dues are non-refundable and are drafted/withdrawn on the 25<sup>th</sup> of each month.

\_\_\_\_\_ Membership rates are subject to increase. Members will be notified of rate increases 30 days in advance.

\_\_\_\_\_ NSF (non-sufficient funds) policy: If the bank returns a draft as NSF, it will be collected electronically and will be subject to a \$30 NSF fee as allowed by Minnesota Law.

\_\_\_\_\_ Y membership is a continuous membership plan and will remain in effect until terminated OR placed on hold **in writing on a Membership Change Form or Exit Form** by the 20<sup>th</sup> of the month in which I wish to end the membership or is terminated by the Y due to the inability to collect dues.

\_\_\_\_\_ I understand that I am responsible for my own account and in the event a draft is not stopped when requested, the Superior Y will only reimburse for one month.

**Electronic Funds Transfer Authorization:**

I authorize my bank to honor drafts drawn by the YMCA on my account for membership payments and/or contributions. When the bank or credit card carrier honors the draft by changing my account, such drafts constitute my receipt for the payments. If at any time there is to be a change, deletion, or cancellation of my membership, it is to be submitted in writing to the Superior YMCA within 10 days prior to the draft date.

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date

Prorated amount of first membership payment: \$ \_\_\_\_\_

Date of first automatic withdraw: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount of each monthly debit: \$ \_\_\_\_\_

**Annual Support Campaign**

In addition to your monthly membership dues, you are welcome to make a tax deductible donation to our Annual Support Campaign. You may do so here by making a one-time donation or have a set amount added to your monthly membership dues.

One time gift of \$ \_\_\_\_\_

Recurring donation added to the draft date of each month of \$ \_\_\_\_\_

ATTACH VOIDED CHECK OR BLANK DEPOSIT SLIP HERE

**How did you hear about the Y?**

- Social Media
- Outdoor Signage
- Walk-In
- Direct Mail
- Web Search
- Television
- Former Member
- Program Participant
- Email
- Other Program
- Radio
- Referred by Current Member
- News Paper
- School

**What interested you in coming to the Y?**

- Improving my health
- Family Activities
- Active Older Adult Activities
- Preschool programs
- Aquatics
- Kid’s Club
- Personal Training
- Leagues
- Volunteer Opportunities
- Youth Programming
- Meeting People

**Goals - tell us yours so we can help you achieve them!**

We all have goals! Please take a moment to tell us about some of your wellness goals (individual or family goals) – whether they may be physical, mental, social etc. we want to know so we can help you achieve!

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Volunteer!**

The Y relies heavily on our wonderful volunteers! We have on-going opportunities as well as one-time only opportunities. Are you interested in learning more about volunteerism at the Y?

- Yes
- No

**Wellness Center Orientation(s)**

We can assist you in setting up an appointment for the following:

- 1 hour Appointments: 1 Adult Basic, Teen Orientation, Parent/Child Orientation
- 1 Hour Appointments: 2 Adult Basic
- Free Personal Training Session

If you are not able to set up an appointment now, you can contact our Membership Desk or any Wellness Center staff for assistance at any time.

**Do you have any concerns?**

If you have any concerns regarding your Y membership that we should be aware of please let us know! This will allow us to make sure we are doing everything to ensure a great Y experience!

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**Release and Waiver of Liability and Indemnity Agreement**  
**SUPERIOR AREA FAMILY YMCA**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children 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 acknowledgment that such premises and all facilities and equipment thereon and such affiliated program 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 by the undersigned and such children. The Superior Area Family YMCA may share personal information collected about members, program participants, and users of Y facilities in response to any legal issue, court summons, similar investigative demand or a request for cooperation from a law enforcement or other government agency.

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 OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as releases) from all liability to the undersigned or such children and all 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 releases or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children 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 releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releases or in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or otherwise while participating in any program affiliated with the YMCA. In the circumstance of medical emergency, the undersigned permits YMCA staff to contact Emergency Medical Services (911).
4. THE UNDERSIGNED HEREBY PERMITS their likeness to be recorded and used by the YMCA, YMCA of the USA, and third parties collaborating with the YMCA in promotion. All such recording is the exclusive property of the YMCA and may be used for any purpose without compensation to the undersigned.

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 Minnesota 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.

**NATIONWIDE MEMBERSHIP AND SEX OFFENDER SCREENINGS:** 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.

**The YMCA requires photo ID's and conducts regular sex offender screenings on all members, participants, and guests over 16. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.**

**The Superior Area Family YMCA reserves the right to deny membership, guest, and program privileges. Any loss of privileges at the Superior Area Family YMCA will be matched at the Superior Douglas County Family YMCA.**

\_\_\_\_\_  
Signature of Adult/Parent or Guardian of Minor

\_\_\_\_\_  
Printed Name of Adult/Parent or Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult/Parent or Guardian of Minor

\_\_\_\_\_  
Printed Name of Adult/Parent or Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**Welcome to the Y!**

