



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA Membership Subsidy Application

Branch:  Auburn  Skaneateles

Revised June 2016

YMCA Membership Scholarships are available to children, adults and families. Because scholarship dollars are limited and is based upon available resources (according to budget), applicants are encouraged to pay as much as possible toward membership fees. The Y reserves the right to deny scholarship benefits to those who have demonstrated any violation of Y rules and values and inability to demonstrate financial need. All scholarships are granted for 12 months and individuals and families must reapply annually with updated information. **The determination process takes 2 weeks. Scholarships reduce fees, it does not eliminate them.**

**\*This form must be filled out completely for validation.\***

**Important:**

Please return the completed application, along with last year's income tax statement (or if you didn't file, attach copies only of your recent paycheck stub, support or public assistance check) to appropriate branch:

Scholarship Committee

Scholarship Committee

Auburn YMCA-WEIU  
27 William Street  
Auburn, NY 13021

Skaneateles YMCA & Community Center  
97 State Street  
Skaneateles, NY 13152

Applicant's Name: \_\_\_\_\_  
Last First Middle

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

Phone: \_\_\_\_\_ If no phone how may you be contacted? \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender (circle one): Male Female

Place of employment: \_\_\_\_\_ Phone \_\_\_\_\_

Type of membership you are applying for:  Youth  Adult  Family  Senior Citizen  
Family Membership includes two adults, unmarried children or custodial grandchildren through age 25 who live in your household. All members must provide proof of income: W-2, paystub, SSI, Social Security.

How much can you afford to pay on a monthly basis? \_\_\_\_\_

Name of person filling out form, if different from applicant: \_\_\_\_\_

Name of spouse or other adults in household: \_\_\_\_\_

Their place of employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Number of adults over 19 in your household: \_\_\_\_\_ Number of children: \_\_\_\_\_

List the ages of the children: \_\_\_\_\_

Please explain briefly why you are requesting a subsidy and how the scholarship will benefit you/yourfamily: \_\_\_\_\_

Please list gross monthly household income and expenses:

Gross Monthly Income		Monthly Expenses	
Wages	\$	Rent/Mortgage	\$
Public Assistance		Utilities	
Food Stamps		Food	
Support		Insurance	
SSI		Medical	
Pension		Clothing	
Other		Other	
Total Income:		Total Expenses:	

- Applicants must not owe any money to the Auburn/Skaneateles YMCA
- All applicants must qualify for inability to pay due to financial hardship: the scholarship committee may base their decisions in part on federal poverty levels.
- Any willful violation of YMCA rules, values or unacceptable behavior may result in immediate termination of membership. Applicants and family must demonstrate good citizenship
- The YMCA has the right to table any application of those who have a previous history of incidents or unacceptable behavior at the YMCA.
- Payments must be made consecutively or membership becomes null and void. If no payment is received for three months, the scholarship is terminated, membership expires and you must reapply.
- I understand that if I must cancel our membership I will contact the Y so that sponsorship may be provided to others.
- Family Credit does not apply to scholarship memberships. Health Center memberships are not part of the scholarship program
- Scholarships must be activated within 30 days of notification of approval

**YMCA Code of Conduct:** The Y is a family oriented organization whose purpose is to promote the spiritual, intellectual, social and physical welfare of all. We expect our members to meet minimum standards of conduct. These standards include but are not limited to:

- Compliance with all Y polices and rules regarding use of facilities and equipment
- Respect for Y staff and other members and participants
- No swearing, abusive or vulgar language. No fighting
- Staff reserves the right to determine the appropriateness or inappropriateness of apparel being worn.
- All members must follow the core values of **Respect, Responsibility, Honesty and Caring.**

**★ READ AND SIGN ★**

I \_\_\_\_\_ do hereby attest that the information given is correct to the best of my knowledge and that I have read and agree to all the terms in this form. I agree, if necessary to send additional information or documentation to support the above statements. I understand if I falsify information, I will not be eligible for assistance now and/or in the future. I understand that by accepting this scholarship I am obligated to make the monthly payment, if a payment is missed I understand that those months must be paid in order to keep my membership in good standing. I understand that all information will be kept confidential. The Y reserves the right to increase applicant payments in accordance with any general rate increases.

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

\*\*\*\*\*For Committee Use Only\*\*\*\*\* Approved ( ) Yes ( ) No

Date received \_\_\_\_\_ Membership \_\_\_\_\_ Total Fee \_\_\_\_\_ Family Pays \_\_\_\_\_

Requested from Committee \_\_\_\_\_ Notification \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_



# YMCA Membership Application rev 10/2017

Branch:  Auburn  Skaneateles Join Date \_\_\_\_\_ Member Type \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

A.K.A (i.e. maiden name, nickname) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex: M F Home/Cell Phone \_\_\_\_\_ Alter. Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Parent/Guardian (if youth membership ) Name \_\_\_\_\_ Phone \_\_\_\_\_

**Family Membership** (includes one or two adults, 19 yrs or older, living in the same household, & their dependent children through age 25)

Name	Sex	Birthdate	Age	Grade	School/Employer	Phone

I decided to join the YMCA because of:  printed advertising materials  taking a YMCA class  
 visiting as a guest  encouraged by a member (members name) \_\_\_\_\_  other

**Photo Release**

I give the Auburn YMCA-WEIU permission to use any or all portraits of myself and/or my family members for advertising, display, printed materials or other uses.

**Release and Waiver of Liability and Idemnity Agreement**

Please read and sign document on back. →

**National Sex Registry Data Base**

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

**National Reprciprocity**

By participating in the Y Nationwide Membership Program , I agree to release the National Council of Young Men's Christian Association of the USA, and its independent and autonomous member associations in the USA 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

→ \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**MEMBER/CHILDREN  
RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT**

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 acknowledgement 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.

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 and all branches thereof, 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 or such children 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.

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 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 foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of 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.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

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

Signature of Applicant/Parent/ Guardian:

\_\_\_\_\_  
Please Print Name: \_\_\_\_\_