



YMCA of the Twin Tiers Membership Application

Member ID # _____

- New
- Renewal
- Change
- Non-Member

First Name:	Last Name:	Middle Initial:
Gender:	DOB:	Employer:
Home Address:		
City, State and Zip:		Email:
Phone:	Check to opt in to receive text messages: <input type="checkbox"/>	
Emergency Contact:	Phone:	

Complete the following section for memberships with multiple members on the account

Second Adult:	First:	Last:	DOB:	Gender:
Child's Name:	First:	Last:	DOB:	Gender:
Child's Name:	First:	Last:	DOB:	Gender:
Child's Name:	First:	Last:	DOB:	Gender:
Child's Name:	First:	Last:	DOB:	Gender:

Type of Membership: _____ Membership Change: _____

YMCA of the Twin Tiers Membership Agreement

Membership Agreement

In consideration of being allowed to participate in any way, at any location, of the YMCA of the Twin Tiers Membership, program and related events and activities, the undersigned:

1. Agrees to inspect the facilities and equipment to be used at any location, and if the participant believes anything is unsafe, he/she will immediately advise the appropriate Y staff.
2. Agrees to complete the PAR-Q & You Questionnaire, and if answered yes to one or more questions 1-7, agrees to consult with a physician prior to beginning an exercise program.
3. Agrees to monitor personal condition throughout participation in an exercise program, and should any unusual symptoms occur, participant will cease participation and inform Y staff of the symptoms.
4. Agrees to follow the instructions of Y Staff and published codes.
5. Agrees to read and adhere to the policies and procedures of the YMCA of the Twin Tiers, including those written in the member code of conduct of each facility.

Acceptance

I agree to abide by the rules and regulations of YMCA of the Twin Tiers that are designed for the enjoyment of all members. I understand that participation in Y membership and programs is a privilege and the Y reserves the right to revoke these privileges as necessary. I understand my photo may be used for Y communications pieces. I understand I am required to give 10 days notice to terminate my membership.

Signature

Name(Please Print)

Date



Member ID # _____

Adult Participant Release & Waiver of Liability and Indemnity Agreement

To be completed by all individuals ages 18 and above

NOTICE: Please read this document carefully and in its entirety. This document affects your legal rights and is legally binding. By signing this agreement, you are releasing the YMCA of the Twin Tiers from all liability and forever giving up any claims therefor.

Assumption of Risk

I acknowledge and agree that any use of the YMCA of the Twin Tiers facilities, services, equipment and premises ("Facilities") and any participation in YMCA of the Twin Tiers programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease including, without limitation, COVID-19. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs I, the undersigned, agree that the YMCA of the Twin Tiers, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

Participant Name (Print Clearly)

Participant Signature

/ /
Date



Wellness Center Registration

I am interested in:

Personal Training

Wellness Consultations
(3 Free per calendar year)

Equipment Orientation

Name

Date of Birth

Phone

Email

Days I am available

Sun Mon Tues Thurs Wed Fri Sat

Times I am available

Mornings Afternoons Evenings

YMCA General Interests

Aquatics:

- Swim Lessons
- Private Lessons
- Lap Swim
- Steam Room
- Sauna
- Therapy Pool

Childcare:

- Olean ELC
- JCC ELC
- ALCS SACC
- Olean SACC
- Portville SACC
- Hinsdale SACC
- Franklinville SACC
- Summer Camp

Sports:

- Basketball
- Soccer
- Volleyball
- Pickleball

Family:

- Family Events
- Kinderclub
- Parents Night Out
- Childwatch
- Erick Laine
Outdoor Center
- Limestone
Play Zone

Wellness:

- Group Ex Classes
- Runs
- Personal Training
- Wellness Programs



YMCA of the Twin Tiers Debit Authorization Agreement

Member ID # _____

The Bank Draft and Credit Card Payment Plan are continuous membership plans.

- I understand that this membership is not for 12 months, but will remain in effect unless terminated.
- It is my complete understanding that if I wish to terminate or change my membership in any way, I must give the YMCA a 10-day written notice prior to such change. The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership.
- I understand that I will receive at least a 30 day written notice prior to any such changes.
- I understand that I am responsible for any payment plus any service charge, applied by the YMCA, if my membership debit is not honored by my bank account or credit card. This is in addition to any service fee my bank may apply. Membership cards remain the property of the YMCA and must be surrendered upon request of the YMCA.
- I understand that if I change this account on-line, I am authorizing the YMCA to draft from the new account.
- If paying the Facility Improvement Fee in installments, I understand I am responsible for payment of the entire amount even if membership has been terminated prior to payment in full.
- IF ON THE SCHOLARSHIP PROGRAM, I UNDERSTAND THAT THIS IS A CONTINUOUS MEMBERSHIP AND THAT MY APPROVED SCHOLARSHIP RATE WILL AUTOMATICALLY CHANGE TO AND DRAFT AT THE REGULAR MEMBERSHIP RATE BEGINNING THE FIRST MONTH AFTER THE EXPIRATION DATE, UNLESS RENEWAL PAPERWORK IS SUBMITTED BY ME AND APPROVED PRIOR TO THAT TIME.
- I understand it is my responsibility to submit completed scholarship renewal paperwork no later than two (2) weeks prior to my scholarship expiration date.
- Rates are subject to change

I have read and understand the Bank Draft/Credit Card Agreement as listed above:

Signature

Name(Please Print)

Date

Member Use

Join Date: _____

Membership Draft Type:

Monthly

Quarterly

Semi-Annual

Annual

Payment Draft Date

1st

15th

Payment Amount _____

Office Use Only

Join Date: _____

Membership Type: _____

Membership #: _____

Payment Method: Bank Draft

Credit Card

Staff Initials: _____