option. Memberships paid in full are not eligible for cancellation, credit or refund. Cancellations cannot be honored over the phone. Memberships expiring more than 30 days are considered new transfers (EFT). EFT is perpetual (ongoing) and requires a 30 day written notice to terminate. 30 days written notice is required for terminating membership through an EFT or monthly payment As a YMCA member, I agree to abide by the rules and regulations of the YMCA which are designed for the enjoyment of all of its members. All memberships are for 1 year, except electronic fund from a YMCA program or service because of financial challenges they may face. I authorize the YMCA to add the following amount to my monthly draft to support the Chang-CHANGING LIVES CAMPAIGN Please consider helping a child or family in need of Y services. The Changing Lives Campaign raises funds to assure that no one is turned away and will be charged a joiners fee. I hereby consent to be interviewed, recorded, photographed, videotaped or filmed by representatives of the YMCA of the Greater Tri-Valley, for purposes of YMCA MISSION: The YMCA is a charitable association of members that seeks to put Christian principles into practice through programs that build healthy Spirit, Mind and Body for all. O-\$25,000-\$44,999 O-\$45,000-\$74,999 O- over \$75,000 FAMILY MEMBERS (1st person listed will be Primary YMCA Member) Family membership includes Mom, Dad, or significant other, children under age 18 and full time college up to 22 **BIRTH DATE MEMBERSHIP TYPE:** Shaded area for YMCA use only ext: GENERAL INFORMATION QUESTIONS (OPTIONAL) FIRST ARE YOU WILLING TO VOLUNTEER: RENT OR OWN YOUR RESIDENCE: **EMERGENCY CONTACT** M/F 0-0<sub>w</sub>n HOME TELEPHONE # WORK TELEPHONE # SUFFIX LAST NAME JOIN DATE: 0-Aslan O-American Indian O-Hispanic O-Other MIDDLE INITIAL NUMBER OF YEARS IN THE COMMUNITY: RACE: O-Caucasian O-African American HOW DID YOU HEAR ABOUT OUR YMCA: MEMBERSHIP APPLICATION ext: ä TELEPHONE NUMBERS **FIRST NAME** EMPLOYMENT INFORMATION (2) 1 EMAIL ADDRESS: 0 Other: \$ HOME WORK MAILING ADDRESS **EMPLOYER NAME** 0 \$5 ZIP CODE **WORK PHONE** 0 \$10 YMCA OF THE GREATER TRI-VALLEY 0 \$15 LAST NAME STATE **EMPLOYMENT INFORMATION (1)** For Community Partners Only) ing Lives Campaign: 0 \$20 **EMPLOYER NAME** MAILING ADDRESS 0 - ONEIDA 0 - ROME **WORK PHONE ADDRESS Branch**: P.O. Box # STREET Ę

the publication, display or broadcast (print, web, digital display and all other forms of media). I understand that the use of the YMCA facilities and participation in its programs is at my own risk and the YMCA reserves the right to revoke any or all services. "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 reserves the right to deny membership access to an individual that appears at any level on the sex offender registry.

# YMCA EFT CREDIT CARD AUTHORIZATION EFT/MEMBERSHIP CONVERSION

### **CHECKING ACCOUNT / CREDIT CARD AUTHORIZATION**

J,				
authorize the YMCA of the Greater Tri-Valley to draw my				
membership fee monthly. I understand that if I choose to				
cancel my membership, I will give a (30) thirty-day written				
notice in order to stop the (EFT) Electronic Funds Transfer. I				
also understand that a Youth/Young Adult Membership holds a				
minimum one-year commitment.				
FA Expiration Date:	FA Percentage off:			
Date of Withdrawal:  \$\Bigcup 3^{rd} \Bigcup 18^{th}\$	Payment Amount: \$			
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Checking Account	Credit Card			
Routing Number:	Credit Card Type:  ☐ VISA ☐ Mastercard ☐ Discover			
Account Number:	Last Four Digits of CC Number:			
***For Bank Draft a VOIDED check must be attached**	Expiration Date:			
Member Signature:	Date:			
Staff Signature:	Date:			



### FOR YOUTH DEVELOPMENT FOR HEALTHY LIVING

FOR SOCIAL RESPONSIBILITY

We put Christian principles into practice through programs that help build healthy spirit, mind and body for all

### Wellness Center Medical Release Form YMCA of the Greater Tri-Valley 301 West Bloomfield Street Rome, NY 13440

Date
Dear Doctor;
Your patient
Member/Patient Signature
Strength Training and Cardiovascular Training  *If your patient is taking medications that will affect their heart rate in response to exercise, please indicate the manner of the effect (raises, lowers or has no effect on heart rate response)
Type of Medication
Effect
*Please indentify any recommendations or restrictions that are appropriate for your patient in this exercise program:
my patient has
my approval to begin an exercise program with the recommendation and/or restrictions stated above.
*Physician Signature
*Office Number
Please fax this form in confidentiality to the YMCA 315-339-4076
Thank you,

### YMCA OF THE GREATER TRI-VALLEY

Rome Family YMCA Branch

301 West Bloomfield Street, PO Box 510•Rome, New York 13440•315-336-3500 (F) 315-339-4076

701 Seneca Street-Oneida, New York 13421-315-363-7788 (F) 315-363-7352 New Hartford School Age Child Care Program

108 New Hartford Shopping Center•New Hartford, New York 13413•(P&F)315-797-4787

www.ymcatrivalley.org



## FOR YOUTH DEVELOPMENT FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

He part theistian principles into practice through programs that help build health) specif, mind and body for all

### **Informed Consent for Exercise Participation Form**

I desire to engage voluntarily in the YMCA exercise program to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on the cardio respiratory system and to thereby attempt to improve function. The reaction of the cardio respiratory system to such activities can't be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand that the purpose of the exercise program is to develop and maintain balance, cardio respiratory fitness, body composition, flexibility, muscular strength and endurance, and the ability to climb stairs. A specific exercise plan will be given to me based on my needs and interested and my doctor's recommendation. All exercise programs include warm-up, exercise at target heart rate, and cool down. The programs may involve walking, jogging, swimming or cycling (outdoors or stationary); participation in exercise fitness rhythmic aerobic exercise, water fitness or choreographed fitness classes or calisthenics or strength training. All programs are designed to [;ace a gradually increasing workload on the body in order to improve overall fitness. The rate of progression is regulated by exercise target heart rate and perceived effort of exercise.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the instructor of my symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand that the nature of the exercise program. I also affirm that my questions regarding the exercise program have been answered to my satisfaction. I acknowledge receipt of a copy of this consent.

In the event that a medical clearance must be obtained prior to my participation in the exercise program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program.

Also in consideration for being allowed to participate in the YMCA exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless the YMCA and its staff members conducting the exercise program from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from injury or death, accidental or otherwise, during or arising in any way from, the exercise program.

Signature	_Date:
Name	_DOB:
Address	
Telephone	
Name of Physician	_
Physicians Address	
Physicians Phone	=
Limitations/Medications	

#### YMCA OF THE GREATER TRI-VALLEY

Rome Family YMCA Branch

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### YMCA of the Greater Tri-Valley

### **Release of Liability Waiver**

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGN-ING THIS AGREEMENT YOU ARE RELEASING YMCA OF THE GREATER TRI-VALLEY FROM ALL LIABILITY AND FOR-EVER GIVING UP ANY CLAIMS THEREFOR Assumption of Risk | lacknowledge and agree that any use of YMCA of the Greater Tri-Valley facilities, services, equipment and premises (?Facilities?) and any participation in 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. 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 YMCA of the Greater Tri-Valley, 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.

Primary Member Signature			Date Signed
Household Members:	Names:	DOB	:
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	-		
		\ <u>-</u>	
	-		
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