



# YMCA Membership Assistance New Member Form

**Payer Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Employer (optional): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Email: \_\_\_\_\_

(\*By providing my email, I consent to receive emails from the YMCA of Saskatoon regarding facility, class, administrative information, and relevant correspondence.)

**Emergency Contact:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Member Information:**

*If you are signing up for a family membership or if the membership is not for yourself please fill out this section.*

Name:	Gender:	Date of Birth:	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Membership Type:**

- Child/Youth (17 and under, no capital development fee)
- Young Adult (18 – 26 years)

- Adult (27 years +)
- Family Advantage

**Membership Amenities**

- (Additional fee)
- Tote/Locker Rental
- Towel Service

**Financial Information:**

Please attach one of the following options: your most recent T4, or social assistance stub, or two paystubs.

**How much do you feel you can contribute to monthly membership fees? \$\_\_\_\_\_**

Any special circumstances that should be taken into consideration:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby apply for financial assistance for YMCA Membership. The information I have submitted is, to the best of my knowledge, correct. I understand that submitting false or inaccurate information or failure to notify the YMCA of any changes to my financial situation may result in my termination from the financial assistance program.

**\_\_\_ YES! I would like a complimentary fitness orientation**

**\_\_\_ NO - I would prefer to not have a fitness orientation**

**Where did you hear about the YMCA of Saskatoon?**

- Current Member Recruited Me
- Website
- Social Media
- Leisure Guide
- Radio
- Other: \_\_\_\_\_

**OFFICE USE ONLY****Plan Type**

- Annual: Expiry \_\_\_\_\_
- One Month: Expiry \_\_\_\_\_
- Monthly Preauthorized:
  - PAP
  - Credit
- Date:  1<sup>st</sup>  15<sup>th</sup>
- Monthly Rate: \_\_\_\_\_
- 1<sup>st</sup> Payment Date: \_\_\_\_\_

**ID and Attached Documents**

- Photo ID Verified \_\_\_\_\_ (Staff initials)
- Proof of Income Verified \_\_\_\_\_ (Staff initials)
- Document Type: \_\_\_\_\_
- Joining Date: \_\_\_\_\_

**Payment Method**

- Amount Paid: \$ \_\_\_\_\_
- Receipt #: \_\_\_\_\_
- Cash  Debit  Credit
- Chq # \_\_\_\_\_
- Staff Initials: \_\_\_\_\_
- Admin: \_\_\_\_\_
- Date: \_\_\_\_\_



# YMCA Membership Assistance New Member Form

## Terms and Conditions of Membership

Please read and initial on each blank, and sign at the bottom.

Initials: \_\_\_\_\_ All members are required to present a valid membership card for identification when using YMCA facilities and/or participating in programs. If for any reason members are unable to present membership cards, they may be required to present photo identification. Membership cards are not transferable, remain the property of the YMCA, and must be returned to the YMCA upon request.

Initials: \_\_\_\_\_ Terms and conditions of membership in the YMCA of Saskatoon are defined in the Member Code of Conduct and Facility Guidelines and are subject to change. Monthly memberships continue indefinitely unless members provide written notice of cancellation, or the YMCA terminates the membership. If an NSF or Decline occurs on monthly payments, I understand that I am responsible to repay the membership fee. If the credit card I have on file expires or changes I am responsible to provide new payment information. If any of my account information changes I am responsible to update it at the Member Services Desk. **I understand that the YMCA requires a minimum 2 business days written notice to cancel my membership.** Annual memberships must be renewed.

Initials: \_\_\_\_\_ I understand that I will be automatically transferred into a new membership category on my birthday if I am eligible, in which event dues may increase or decrease. In the event of any other qualifying event that changes the category of membership for which I am eligible, I agree to notify the YMCA on or before the first day of the month following the month in which such event occurs.

Initials: \_\_\_\_\_ **Liability Waiver:** I understand that the YMCA of Saskatoon assumes no responsibility for injuries or illnesses which I, my spouse/partner, or my minor children or any other person may sustain as a result of my/their physical condition, this membership, my/their use of any facility or my/their participation in any activities, programs, exercise, or the use of any equipment (collectively, "Activities"). I expressly acknowledge on behalf of myself, my spouse/partner, my minor children and our heirs that I assume the risk for any and all injuries, illnesses, death, loss or damage which may result from any of the foregoing. I hereby release and discharge the YMCA of Saskatoon, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which I, my spouse/partner, or minor children may suffer as a result of my/their physical condition, this membership, the use of any facility or participation in any Activities. In the event I, my spouse/partner or minor children bring any guest to any YMCA of Saskatoon facility or activity, I also agree to be responsible for ensuring that such guests adhere to the rules and policies of the YMCA and to inform them that they assume all liability for injuries, illness, death, loss or damage which may result from participation in any activities, programs, exercise or the use of any equipment.

Initials: \_\_\_\_\_ I understand that the YMCA of Saskatoon is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or are on YMCA premises.

Initials: \_\_\_\_\_ I give my permission to the YMCA of Saskatoon to use indefinitely, without limitation or obligation, photographs, film, footage, or tape recordings which may include my, my spouse's or minor children's image or voice for purposes of promoting or interpreting YMCA programs.

## YMCA Strong Kids Campaign

The YMCA is determined that no one should be denied access to the YMCA because of the inability to pay for membership and program fees. Every year, members like you donate to the YMCA Strong Kids Campaign, making us able to provide financial assistance towards membership, camp, and before and after school care by reducing registration fees.



A convenient way to donate is by rounding up your membership fees each month by just \$5, \$10, or \$15 to support children and families in need in Saskatoon. A donation of \$15 a month will help send a child to camp this summer!

Initials: \_\_\_\_\_  Yes! I want to help by donating \$ \_\_\_\_\_ a month through my membership fees.

I acknowledge the Terms, Conditions, and Liability Waiver set forth above and the Member Code of Conduct and Facility Guidelines and, being in agreement with the Mission, Vision, and Values of the YMCA, hereby apply for membership.

Signature: \_\_\_\_\_

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

Parent/Guardian Signature (if under 18): \_\_\_\_\_

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