

## DECATUR YMCA MEMBERSHIP & SCHOLARSHIP APPLICATION

### Member #1

ID \_\_\_\_\_ Active-Trax Yes or No

Last Name	First Name & Middle Initial	Race	Gender ____ M ____ F	Date of Birth	Home Phone
Street Address	City	State	Zip	Emergency Contact Name	
Employer/Occupation			Work Phone	Emergency Contact Phone	

### Member #2

Last Name	First Name & Middle Initial	Race	Gender ____ M ____ F	Date of Birth	<b>For Office Use Only</b>	
Employer/Occupation			Work Phone	Effective Date	Tour-Yes or No	

Children must be 18 or under and still in school, or through the age 23 and a full-time college student, 12 + hours.

Child's Name	Date of Birth	Relationship	Gender ____ M ____ F	Race	<b>Office Use Only</b>  <b>Receipt:</b> _____  <b>Cash</b> _____ <b>Pay Plan</b> _____  <b>Check</b> _____ <b>Amount:</b> _____  <b>Charge</b> _____  <b>Member Type/MID PID</b>
Child's Name	Date of Birth	Relationship	Gender ____ M ____ F	Race	
Child's Name	Date of Birth	Relationship	Gender ____ M ____ F	Race	
Child's Name	Date of Birth	Relationship	Gender ____ M ____ F	Race	
Child's Name	Date of Birth	Relationship	Gender ____ M ____ F	Race	

### WAIVER

In consideration of my participation in the activities of the Decatur Family Y, I do hereby agree to hold free from any and all liability the YMCA and its respective officers, employees and members and do hereby for myself, my heirs, executors and administration, waive, release and forever discharge and all rights and claims for damages which I may have or which may hereinafter accrue to me arising out of or connected with my participation in any of the activities of the YMCA. I do hereby declare myself to be physically sound, having medical approval to participate in the activities of the YMCA.

Are you interested in becoming a "Y" Volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_ Area of Interest \_\_\_\_\_



Signature \_\_\_\_\_

Signature ( if Member #2) \_\_\_\_\_ Date \_\_\_\_\_

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

Membership Referred By \_\_\_\_\_

\* I am interested in adding a donation to my monthly payment to help support kids in need.

Yes \_\_\_\_\_ Amount \$ \_\_\_\_\_ Not at this time \_\_\_\_\_

# Decatur Family YMCA

## CODE OF CONDUCT

The Decatur Family YMCA is committed to providing a safe and welcome environment for all members and guests. To promote safety and comfort for all, all individuals are asked to act appropriately at all times when in our facility or participating in our programs.

We expect persons using the Y to act maturely, to behave responsibly, and to respect the rights and dignity of others. Our Member's Code of Conduct outlines prohibited action, but the actions listed below are *not* an all-inclusive list of behaviors considered inappropriate in our facilities or programs.

- Using or possessing alcohol or illegal chemicals on Y property, in Y vehicles, or at Y sponsored events
- Smoking on Y property – the Y is a smoke-free environment
- Carrying or concealing a weapon or any device or object that may be used as a weapon
- Harassment or intimidation by words, gestures, body language, or any type of menacing behavior
- Physical contact with another person in an angry aggressive or threatening way
- Verbally abusive behavior, including angry or vulgar language, swearing, name-calling or shouting
- Sexually explicit conversation or behavior; any inappropriate contact with another person
- Inappropriate, immodest or revealing attire
- Theft or behavior that result in the destruction or loss of property

In addition, the Y reserves the right to deny access or membership to any person who has been accused or convicted of any crime involving sexual abuse, is or has been a registered sex offender, has been convicted of any offense relating to the use, sale, possession, or transportation of narcotics or habit-forming and/or dangerous drugs, or is presently or habitually under the influence of dangerous drugs or chemicals, narcotics or intoxicating beverages.

Members and guests are encouraged to take responsibility for their personal comfort and safety by asking any person whose behavior threatens their comfort to refrain from such behavior. Anyone who feels uncomfortable in confronting a person directly should report the behavior to a staff person.

Video recorders, cameras, or any other visual recording devices are not allowed within the YMCA without the permission of the Chief Executive Officer.

Y staff members are eager to be of assistance. Members and guests should not hesitate to notify a staff member if assistance is needed.

In order to carry out these policies, we ask that members and guests identify themselves to staff when asked.

The Chief Executive Officer will investigate all reported incidents. Suspension or termination of Y membership or privileges may result from a determination made by the Chief Executive Officer if in his discretion a violation of the Member's Code of Conduct has occurred.

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

Signature\_\_\_\_\_Date\_\_\_\_\_



It is the commitment of the Decatur Family YMCA to assist individuals who might otherwise not be able to afford our programs and services. The Decatur Family YMCA is a not-for-profit charity serving those individuals in need through the YCares Scholarship Program. Financial assistance is available to individuals and families on a need-based sliding scale, based on qualifications and available resources. Through a variety of contributions, including the annual YMCA Campaign, foundation grants, and special events, financial assistance is available to those families and individuals with demonstrated need.

### **MY STORY**

TELL US MORE...Please share with us your story. For example: Why is this membership opportunity important to you and your family? How will this membership change your lifestyle?

Name (Please Print): \_\_\_\_\_

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

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

Sources of Income			
Please itemize your gross monthly income. Documentation is required.			
Gross monthly income is the total income you receive before taxes or expenses are deducted.			
	Your Income	Spouse's/Significant Other's Income	Other Income
Salary, Wages, and Tips			
Unemployment Compensation			
Social Security Compensation			
Supplemental Security Income (SSI)			
Aid for Dependent Children (ADC)			
Child Support			
Food Stamps			
Township Assistance			
Alimony			
School Loan Income			
Housing Allowance			
401K/Retirement Funds			
Other			
Total Monthly Income			
Total Annual Income			
Submit your completed Financial Assistance Application with the following:			
1. Copies of your last two paycheck stubs.			
2. Copies of any supporting documentation listed in the above monthly income line items.			
3. Copy of current year's Federal Tax Return (Form 1040, pages 1 and 2 only, or the 1040 EZ).			
4. Copy of current year's Federal Tax Form 1099-R (W-2 Wage and Tax Statement) if you did not submit a Federal Tax Return.			
Applications received without the above documentation attached will be returned unprocessed.			
Please do not include originals of any documents, as they will not be returned.			
I certify that this information is true and complete to be best of my knowledge. I acknowledge that any misreporting of my financial status will result in disqualification from the scholarship program. I understand that fees are subject to change upon renewal. I, also, agree to notify the Decatur Family YMCA if my financial status should change.			
<div> <div></div> <div>Signature of Applicant</div> </div> <div> <div></div> <div>Date</div> </div>			
Mission of the YMCA: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.			
		Staff Initials	Date