

General Release of Liability and Authorization for Treatment

Authorization for Treatment: I hereby give permission to the medical personnel selected by the YMCA to order X-rays, routine tests, treatment, and necessary transportation for me or persons listed above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp staff to secure and administer treatment, including hospitalization, for me or my family as named above. In consideration for being allowed to participate in the YMCA’s programs, I agree to assume the risk of such activities and program, and I further agree to hold harmless the YMCA and its staff members conducting activities 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, accident, or otherwise, during or arising in any way from the activities. I grant permission for me or my child to participate in all YMCA activities, including use of the skate park, climbing wall, high ropes course, hiking or horseback riding, understanding that competent leadership is provided. The YMCA is not responsible for lost, stolen, or damaged personal articles. I also authorize the YMCA to have and use photographs, slides, or videotapes of me, my child, my family, or my guests as may be needed for its public relations programs. I acknowledge that this General Release of Liability of the YMCA is binding on me personally and on my heirs, personal representatives, successors and assigns. I and the persons listed above agree to abide by all guidelines established by the YMCA in accordance with the principles of safety, honesty, caring, respect, and responsibility.

Signature of member or parent/guardian

Date

Have you or any family members that will be using the Sherman Lake YMCA been convicted of a felony? _____ If yes, please explain. _____

Membership cancellation due to non-payment

Member fees must be paid in advance for facility use and programs. If there is any lapse in scheduled payments the Sherman Lake YMCA Outdoor Center may withhold services until the unpaid balances have been received. Please refer any discrepancies to the business office immediately. **Please initial** _____

Membership Privilege

The Sherman Lake YMCA reserves the right to deny membership to anyone for any lawful reason.

Please Initial _____

Cancellation Policy by Member

Cancellation of your membership must be done in **person or in writing fifteen (15) days** prior to your membership renewal date. There is a Member Exit Survey we request you fill out. You must **return all identification card(s) at the time of cancellation.** All outstanding fees will be considered due and payable at time of cancellation. Membership billing will continue until cancellation notification and Identification Cards are returned to the YMCA. These cards are the property of the Sherman Lake YMCA Outdoor Center.

Please Initial _____

Renewal of Membership

You are welcome to renew your membership at any time, but **any interruption in membership will be subject to an additional joiner’s fee.** The joiner’s fee currently is equal to three month’s membership, but is subject to change without notice. Any outstanding fees will be due and payable prior to renewal.

I have read and understand the above stated information and will abide by the spirit of its intent.

Signed by: _____ Date _____
Primary Adult Member

Since we receive grant funding, we have been requested to track the following demographics. This information is used for grant reporting purposes only:

Ethnicity:

- African-American Asian-American Caucasian
 Hispanic Multi-Racial Native-American Other _____
(please specify)

Number of People in household: _____

Household Income:

- Below \$12,500 \$12,501 – \$20,000 \$20,001-\$35,000
 \$35,001 – \$50,000 \$50,001-\$75,000 Above \$75,000

Annual Campaign- Membership Assistance Fund

Area households, independent youth, and adults in need receive financial assistance through funds raised in the Annual Campaign. Assistance is provided in partial or full scholarship based on household income. Please consider contributing to help local families, youth, and adults live a better life in mind, spirit, and body.

Contributions can be made on a monthly or one time basis using EFT, credit card, checks, or cash.

If you have questions about the Annual Campaign or receiving assistance, please see the Membership Manager or check the box below and you will be contacted.

I am interested in learning more about your Annual Campaign/Membership Assistance Fund.