



YOU BELONG AT THE Y

Application for Financial Assistance

EVERYONE IS WELCOME HERE

The YMCA of Springfield welcomes all and believes that no one should be denied access to the Y based on their ability to pay.

Become a member of our YMCA and help your family stay active and entertained .

A Y MEMBERSHIP CAN BE AFFORDABLE WITH ASSISTANCE

Our income-based assistance program gives you the same membership benefits as other members and your kids in the same household get 50% off program activities at the Y.



IT'S EASY TO BECOME A MEMBER

Just fill out this application and bring it to the front desk at either Y.

Your YMCA Membership Includes:

- Use of 2 Branches
- 4 Pool
- Free Fitness Classes
- Free 24/7 Online Classes
- Aerobic & Strength Equipment
- Free Child Care (while you work out)
- 50% off Sports Programs and activities



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

APPLICATION FOR _____

Print Name

Income-Based Assistance YMCA Application

Please fill out each section and return to either Y front desk

1 Applicant:

First Name _____ M.I. _____ Last Name _____

Gender (M or F) _____ Date of Birth _____ / _____ / _____

Marital Status _____ (single, married, divorced, separated)

Address _____

City _____ State _____

Zip _____ Email _____

Home Phone _____

Cell/Other Phone _____

Emergency Contact _____

Phone _____ Relation _____

2 I am applying for

- Young Adult
(18-23 years)
- Adult
(24+ years)
- 1 Adult Family
(One adult + children, same household)
- 2 Adult Family
(Two adults + children, same household)
- Youth
(8-18 years)

3 Your Family Members (in the same household):

Name (First/Last)	Relationship	M/F	Date of Birth	Age

PROGRAM DETAILS

Financial Aid Information

As a beneficiary of the YMCA's Financial Aid program, I hereby agree to the following terms and conditions. My signature below represents my understanding to each of the following.

1. Regardless of participation or facility usage, I am responsible for paying my monthly dues each month.
2. A \$15 Application Fee must be paid in addition to a prorated monthly fee at the time of my membership activation.
3. Members with outstanding balances will not be allowed to participate in programs or membership until the balance is paid in full.
4. I will notify the YMCA of any changes in address, phone number, or email address during the course of my membership.
5. I will notify the YMCA of any change in income during the course of my membership.
6. The YMCA reserves the right to review my application at any time during the 24-month approval term. Should I be randomly selected, I will complete a new application.
7. The current approval rate is valid for 24 months. After 24 months, my account will auto-terminate, and I will complete a new application.
8. If payment is not made in full to the YMCA, my account will be terminated, and I am responsible for paying the balance prior to re-activating my membership or participating in YMCA programs.
9. I understand that certain YMCA programs are not eligible for a discount. Including, but not limited to, personal training, private swim lessons, SPY swim team, Gymnastics team, special events, etc.

WAIVERS AND RELEASE OF ALL CLAIMS

I agree to cooperate with others in supporting the YMCA of Springfield's mission, goals and objectives to abide by the policies and procedures set forth by the Springfield YMCA Board of Directors. I hereby allow the Springfield YMCA to take pictures(still or video) of myself/my family and grant permission for these images to be used in Springfield YMCA publications, presentation, publicity or promotions without compensation to me/my family or on my behalf or my family's .If I choose not to be photographed, videotaped or in other recorded media, it is my responsibility to inform the photographer and/or remove myself/my family from the picture. In consideration of gaining membership or being allowed to participate in the activities and programs of the Springfield YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the Springfield YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the abovementioned facilities or arising out of my participation in any activities at said facility .I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the Springfield YMCA or the use of any equipment at the Springfield YMCA.I agree to adhere to all policies set by the Springfield YMCA as written in the Springfield YMCA Membership Handbook. I have answered the above questions accurately and declare myself/my family to be physically sound, having medical approval to engage in YMCA activities.

Photo Release: I grant the YMCA permission to use photographs in promotional materials such as brochures, ads, websites and newspaper releases. I will not be informed or reimbursed for such photographs

PLEASE SIGN:

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Date	PRIMARY ACCOUNT Print Name:	PRIMARY ACCOUNT Signature

FOR YMCA of Springfield STAFF USE:

Monthly Membership Rate	Approved Date:	YMCA Staff Print Name:	Signature