



YMCA OF SOUTHERN NEVADA

MEMBERSHIP APPLICATION

BRANCH: ☐ HY ☐ DH ☐ CH ☐ SV

MEMBER ID: _____

DATE: _____

☐ Full Member ☐ Program Participant ☐ Away Member ☐ Guest Pass ☐ Day Pass ☐ Prospect ☐ Volunteer ☐ Employee ☐ D CODE _____

PRIMARY MEMBER

Please write neatly. * Required Information

First Name*	Middle Name	Last Name*	Birthdate*	Gender* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Home Address*		City*	State*	Zip Code*
Primary Phone Number*		Email*		
Allow Text Messaging? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer		Ethnic Origin: * <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Prefer to Not answer		

Privacy Notice: By providing your email address, you agree to receive emails regarding your membership, as well as news about YMCA programs, services and events.

ADDITIONAL ADULT

Please write neatly.

First Name*	Middle Name	Last Name*	Birthdate*	Gender:* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Primary Phone Number*	Alternate Phone Number	Email*(must NOT be the same as the primary member)		
Relation to Primary Member*		Ethnic Origin: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Prefer to Not answer		

DEPENDENTS

Please write neatly.

First Name*	Middle Initial	Last Name*	Birthdate* (MM/DD/YYYY)	Gender*	Relation to Primary*
1.					
2.					
3.					
4.					

EMERGENCY CONTACT

Please write neatly

First Name*	Last Name*	Emergency Phone*
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HOW DID YOU HEAR ABOUT US

Check One

☐ Radio ☐ Television ☐ Billboard ☐ Drive by – Live in area ☐ YMCA ☐ Direct Mail ☐ Email ☐ Yellow Pages ☐ Magazine
☐ Place of Employment ☐ Member ☐ Former Member ☐ Friend/Family ☐ Medical Referral ☐ Website/Internet

COMMUNITY SUPPORT CAMPAIGN

Thanks to the generous donors who support our Annual Campaign, we're able to give financial assistance to individuals and families to reach their potential through the Y. **Would you like to donate to our Annual Campaign?**YES! I want to help a child, friend, neighbor, or someone in our community enjoy the benefits of the YMCA by contributing to the Annual Campaign. Please add my one-time gift of \$_____ to the fees that I am paying today. OR ADD a recurring amount of ☐ \$2 ☐ \$5 ☐ \$10 or ☐ \$_____(specify amount) to my monthly draft.☐ KG/YEC Registration Completed ☐ Nationwide Membership Enabled ☐ Healthways Waiver Signed Entered by: _____

Membership Standards/Informed Consent/Photo Release

1. In consideration of gaining membership and/or being allowed to participate in the activities and programs of the YMCA of Southern Nevada ("YMCA") and to use its facilities (whether owned or leased), equipment and machinery, I do hereby waive, release and forever discharge the YMCA and its officers, agents, employees, volunteers representatives, directors, and all others from any and all responsibility or liability for injuries or damages resulting from my participation in such activities or program or my use of such facilities, equipment or machinery, even if such damage or injury results from a negligent act or omission.
2. I understand that I should consult my physician before starting any fitness/physical program.
3. I agree to adhere to all policies set by the YMCA as communicated to me, as posted at the YMCA facility, or as written in the YMCA Membership Handbook. In the event that I or any of my family members fail to adhere to policies set by the YMCA, I understand that my membership may be subject to suspension or termination.
4. I understand that the YMCA will annually review its pricing structure, which may result in an increase of my membership fees. I understand that I will receive at least a 30-day notice prior to such change.
5. I authorize the YMCA to photograph me or capture my image and all those in my membership account as a requirement to use their facility and for security and identification purposes.
6. I grant the YMCA the right to use my name and likeness in a photograph, filmed production, advertisement, audio segment, or other electronic or print promotional media for the YMCA. This shall extend to any and all phases of the utilization of the production including publicity, promotion, advertising and marketing.
7. I understand that the YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.
8. I agree that all members in my account are subject to the above standards and policies.

REFUND POLICY OF THE YMCA OF SOUTHERN NEVADA

General Refund Policy

1. All requests are subject to a 10% service charge. Please allow 2 weeks for processing.
2. System credits should be used within one year from the date of issue.
3. Any unpaid membership, program, camp or childcare dues will be deducted from the refund.
4. Payments made by credit card will be refunded back to the same credit card. Payments made by cash or check will be refunded with a check.
5. All requests should be accompanied with a receipt.

Membership Refund Policy:

1. **Monthly Draft:** As specified in the membership draft agreement, a member must provide the YMCA at least 7 days written notice to cancel a draft. The YMCA is authorized to charge the account within this time period. There will be **no** refunds on drafts made before the cancellation date nor within the 7-day period after the cancellation date.
2. **Prepaid Membership:** There will be no refunds granted on prepaid memberships. Membership can be put on hold for a minimum of 2 months to a maximum of 6 months. A 7-day written notice is required for hold requests.

Program Refund Policy:

1. 100% refund for programs cancelled by the YMCA (no service charge will be assessed).
2. When cancelled by the member, request received 2 weeks prior to start of class=100%, 7 days prior to start of class=50%. Thereafter=0%.

Childcare Program Refund Policy:

1. Refunds are granted at the Youth & Family Director's discretion.
2. 100% refund for childcare programs canceled by the YMCA (no service charge will be assessed).
3. When cancelled by the member, request received 2 weeks prior to start of class=100%, 7 days prior to start of class=50%. Thereafter=0%.
4. A refund will not be given if a child is ill and/or unable to attend the childcare program.
5. A credit or partial credit may be granted if illness exceeds two full days and doctor's note is submitted.
6. Refunds will not be given to unsatisfied childcare program participants.
7. Refunds will not be given to childcare program participants who have been suspended or expelled from program due to behavior problems.

Disclaimer: The City of Las Vegas Community Centers at Centennial Hills and Durango Hills, and the City of North Las Vegas SkyView Multi-Generational Center are managed and provided to the citizens of these cities for no other purpose than providing educational and recreational activities. The YMCA does not and will not promote or advertise any religion at these leisure centers.