



FAMILY WELLNESS MEMBERSHIP APPLICATION

MEMBER INFORMATION				
First Name	M.I.	Last Name	Birthdate	Gender (circle) M F
Address		City	State	Zip
Primary Phone		Secondary Phone		Employer
Email			Please provide the email address that is best for you to receive updates and information.	

EMERGENCY CONTACT	
Emergency Contact Name	Emergency Contact Phone

OTHER ADULT – FOR HOUSEHOLD MEMBERSHIPS				
First	MI	Last	Birthdate	Gender (circle) M F
Email			Employer	

DEPENDENTS – FOR HOUSEHOLD MEMBERSHIPS					
First	MI	Last	Birthdate	Gender: M F	Relationship
First	MI	Last	Birthdate	Gender: M F	Relationship
First	MI	Last	Birthdate	Gender: M F	Relationship
First	MI	Last	Birthdate	Gender: M F	Relationship

BANK DRAFT/AUTOMATIC CREDIT CARD AGREEMENT	
Initial _____	I understand my membership will AUTOMATICALLY RENEW each month unless I complete a cancellation form at Family Wellness or the YMCA. I understand that payments will be deducted on the 6th of each month and cover a calendar month.
Initial _____	It is my complete understanding that if I wish to terminate or change my membership in any way, I must give written notice/complete a cancellation form by the END OF THE PREVIOUS MONTH . (For example, to cancel my membership and not be drafted for the month of May, I must complete a cancellation form by April 30)
Initial _____	Should my bank or credit card for any reason not honor my membership draft; I realize that I am still responsible for that payment plus any service fee applied by my bank or credit card company. I am aware of the fact that it is my responsibility to check my bank statement on a regular basis to make sure the membership rate being withdrawn is correct.
I (we) hereby authorize Family Wellness to initiate debit entries to my (our) checking, savings, or credit card account for my membership dues. I (we) authorize the financial institution named where the account is located, hereinafter called BANK, to debit the same to such account.	
Printed Name(s) _____	Date _____
Signature(s) _____	

HOW DID YOU HEAR ABOUT US?	AREAS OF INTEREST		<i>The following information is optional and is used to help us secure grant funding and better serve our members. All answers are confidential.</i>		
<input type="radio"/> Radio <input type="radio"/> Television <input type="radio"/> Drove By/Live in Area <input type="radio"/> Direct Mail <input type="radio"/> Social Media <input type="radio"/> Email <input type="radio"/> Newspaper <input type="radio"/> Magazine <input type="radio"/> Website/On-line <input type="radio"/> Place of Employment <input type="radio"/> Member <input type="radio"/> Former Member <input type="radio"/> Friend/Family <input type="radio"/> Medical Referral <input type="radio"/> Special/Coupon	Physical Health & Wellbeing <input type="radio"/> Active Older Adult Classes <input type="radio"/> Basic Orientation <input type="radio"/> Bootcamp Group Training <input type="radio"/> Commit to be Fit <input type="radio"/> Land Group Fitness Classes <input type="radio"/> Livestrong (Cancer Survivorship) <input type="radio"/> Parkinson's Programming <input type="radio"/> Personal Training <input type="radio"/> Water Group Fitness Classes	Youth/Family Programs <input type="radio"/> Ballet (3-11 year olds) <input type="radio"/> Child Watch <input type="radio"/> Family Activities <input type="radio"/> Itty Bitty Sports (3-5 year olds) <input type="radio"/> Stay Strong (Youth Cancer Survivorship) <input type="radio"/> Parent/Child Programs <input type="radio"/> Swim Lessons <input type="radio"/> Youth Fitness (6-12 year olds) <input type="radio"/> Youth Sports Leagues		FINANCIAL ASSISTANCE Family Wellness offers income-based financial assistance to individuals with a proven inability to pay the cost of services. Would you like to be considered for this program? <input type="radio"/> Yes <input type="radio"/> No	
	Socialization & Group Activities <input type="radio"/> Noon Basketball <input type="radio"/> Pickleball <input type="radio"/> Primetime at the Y (Ages 65+)	Volunteerism I am interested in learning more about the various volunteer opportunities? <input type="radio"/> Yes <input type="radio"/> No		ANNUAL HOUSEHOLD INCOME <input type="radio"/> \$0-\$14,999 <input type="radio"/> \$50,000-74,999 <input type="radio"/> \$15,000-29,999 <input type="radio"/> \$75,000+ <input type="radio"/> \$30,000-49,999	RACE <input type="radio"/> White/Caucasian <input type="radio"/> Hispanic/Latino <input type="radio"/> Native American <input type="radio"/> Asian/Pacific Islander <input type="radio"/> African American <input type="radio"/> Other

Family Wellness in Mandan, ND, currently offers a full reciprocity membership with the Missouri Valley Family YMCA.

MEMBER CODE OF CONDUCT

We are committed to providing a safe, healthy, welcoming atmosphere for our members and guests, while respecting each individual's privacy. We expect persons using the facilities to follow facility policies and use the Character Development values of CARING, HONESTY, RESPECT AND RESPONSIBILITY in their conduct and relationships with others.

MEMBER CODE OF CONDUCT PROHIBITS:

The unauthorized use of cell phones, cameras, or PDA's to take photographs or videos of members or staff in locker rooms, pools or anywhere within the facilities; inappropriate attire: appropriate attire is to be worn at all times in activities; vulgar language including swearing, shouting or name-calling; bullying, harassment, intimidation or threatening conduct; theft or behavior which results in destruction of property; any demonstration of sexual contact or activity; improper contact with minors; physical contact with another person in any angry or threatening way; the use of chemicals, tobacco or alcohol on the properties or in activities; unauthorized solicitation; carrying concealed weapons or objects that may be used as a weapon.

Members and guests are encouraged to take personal responsibility and look out for their own safety. If a member or guest observes a problem or encounters a situation they are uncomfortable with they are to report this to the staff or the Member Service Desk. PLEASE SEEK ASSISTANCE FROM STAFF IF NEEDED.

We reserve the right to terminate any person's membership for any reason at any time. A written appeal process is available for members. We reserve the right to refuse any guest's privilege to use the facilities at any time and for any reason.

RELEASE WAIVER OF LIABILITY AND INDEMNITY

IN CONSIDERATION OF BEING PERMITTED TO UTILIZE THE FACILITIES, SERVICES AND PROGRAMS OF FAMILY WELLNESS OR THE YMCA FOR ANY PURPOSE, INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH FAMILY WELLNESS, OR THE YMCA, THE UNDERSIGNED, FOR HIMSELF OR HERSELF AND ANY PERSONAL REPRESENTATIVES, HEIRS, AND NEXT OF KIN, HEREBY ACKNOWLEDGES, AGREES AND REPRESENTS THAT HE OR SHE HAS, OR IMMEDIATELY UPON ENTERING OR PARTICIPATING WILL, INSPECT AND CAREFULLY CONSIDER SUCH PREMISES AND FACILITIES OR THE AFFILIATED PROGRAM. IT IS FURTHER WARRANTED THAT SUCH ENTRY INTO FAMILY WELLNESS OR THE YMCA FOR OBSERVATION OR USE OF ANY FACILITIES OR EQUIPMENT OR PARTICIPATION IN SUCH AFFILIATED PROGRAM CONSTITUTES AN ACKNOWLEDGEMENT THAT SUCH PREMISES AND ALL FACILITIES AND EQUIPMENT THEREON AND SUCH AFFILIATED PROGRAM HAVE BEEN INSPECTED AND CAREFULLY CONSIDERED AND THAT THE UNDERSIGNED FINDS AND ACCEPTS SAME AS BEING SAFE AND REASONABLY SUITED FOR THE PURPOSE OF SUCH OBSERVATION, USE OR PARTICIPATION.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER FAMILY WELLNESS AND THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH FAMILY WELLNESS OR THE YMCA. THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE Family Wellness or the YMCA, their respective directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with Family Wellness or the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about Family Wellness or the YMCA premises or in any way observing or using any facilities or equipment or participating in any program affiliated with Family Wellness or the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about or upon the premises of Family Wellness or the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with Family Wellness or the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State of North Dakota and that if any portion thereof is held invalid, it is agreed that the remaining provisions shall, notwithstanding, continue in full legal force and effect.

MEMBERSHIP AGREEMENT

- Family Wellness, at its discretion may adjust the membership rates and the reciprocal membership. I understand that I will receive at least four weeks notice prior to any change.
- It is the responsibility of every individual or their parent or guardian to provide their own accident and health coverage while participating in Family Wellness or YMCA activities. Neither accident nor health coverage is provided for participants by Family Wellness or the YMCA.
- Due to the nature of our membership, it is the policy of Family Wellness and the Missouri Valley Family YMCA to deny membership to any registered sex offender and to terminate the membership of any member who is required to register as a sex offender.
- Family Wellness and The YMCA reserve the right to terminate any person's membership for any reason at any time.

Memberships are nonrefundable, including paid in full, automatic draft and all other payment methods.

TO THE BEST OF MY KNOWLEDGE, ALL THE INFORMATION PROVIDED IS CORRECT AND MAY BE VERIFIED BY FAMILY WELLNESS. I HAVE READ, UNDERSTAND AND AGREE TO THE CODE OF CONDUCT, THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY, AND THE MEMBERSHIP AGREEMENT.

MEMBER SIGNATURE (OR PARENT/GUARDIAN)

DATE

MSD/OFFICE USE					
MEMBERSHIP TYPE		MEMBERSHIP ADD-ONS		PAYMENT METHOD	
	Youth		Silver Sneakers		Auto Bank Draft/Credit Card
	Student		Silver & Fit		Annual
	College		Single Parent Household		Semi-Annual
	Adult		Household		Corporate Group
	Senior Adult		Senior Household	Comments:	
				Staff Initials:	Date: