Payment Authorization Agreement

Automatic Bank Draft

_____ Member Intitials

I understand that a .40 cent fee will apply to all ACH payments. Additionally, I understand that if my bank draft is declined for any reason in a given month, there will be a $30 service fee in addition to the monthly membership fee. This must be taken care of within 10 days to avoid termination of membership. If terminated there will be a $25 reinstatement fee.

☐Checking - Verification of Routing/Account Number Preferred
☐Saving – Verification of Routing/Account Number Preferred

Bank Name:_____ **Name on Account:**_____

Routing Number:_____ **Account Number:**_____

Member Signature:_____ **Date:**_____

OR

Debit/Credit Card

_____ Member Intitials

I understand that there will be an added 3% convenience fee for credit card drafts. Debit cards will not incur additional charges. If my card is declined for any reason in a given month, there will be a $30 service fee in addition to the monthly membership fee. This must be taken care of within 10 days to avoid termination of membership. If terminated there will be a $25 reinstatement fee.

I hereby authorize the Bedford Area Family YMCA to initiate a charge from my: ☐Visa ☐Master Card ☐Discover

Name of Cardholder:_____

Card Number:_____ **Exp. Date:**_____ **CVC:**_____

Billing Address:_____

Member Signature:_____ **Date:**_____

Annual Giving Campaign

Charitable contributions from our community enable us to open our doors and hearts to all those in need. Our promise to our community is that everyone has access to the incredible programs and services that the Y has to offer regardless of their ability to pay. You can help make this a possibility for someone less fortunate.

Here's what your monthly contribution can give someone else after just 1 year:

$1 = 3 shower passes
$3 = 1 race sign-up
$5 = 1 month of group swim lessons
$7 = 1 season of youth soccer
$8 = 2 months of a senior membership
$10 = 3 2-week trials
$15 = 1 week of summer camp
$20 = 1 month of after-school care

I hereby authorize an additional $ _____ to be deducted each month to help provide financial assistance to those in need.

Member Signature:_____ **Date:**_____

PLEASE NOTE: The Bedford Area Family YMCA is a 501(c) 3 organization, and all donations are tax deductible.

Release of Liability

In consideration of gaining membership or being allowed to participate in the activities and programs of the Bedford Area Family YMCA and to use its facilities, equipment, and machinery and in addition to the payment of any fee or charge, I do hereby agree to save protect defend and hold the Bedford Area Family YMCA harmless for any and all liability including reasonable attorney's fees for any damage to my property resulting from my membership and participation in programs and activities located on the property of or sponsored by the Bedford Area Family YMCA including Covid-19.

Member Signature:_____ **Date:**_____

MEMBERSHIP APPLICATION

NOTICE:
Any person who supports the purpose and mission of the Y may become a member of this corporation in accordance with such provisions as may be established by the board of directors, and shall so continue to be a member unless the Boards or its authorized agent concludes, in it sole discretion, that a member has failed to live up to the standards and provided they remain current with due and are compliant with all Y rules, regulation, and guest obligations, whereupon the membership could be terminated.

Primary Member

If member applicant is under 18, the parent/legal guardian must sign and initial application.

First Name:_____ **Last Name:**_____

Email:_____ **Date of Birth:**__/__/__

Ethnicity/Race:_____ ☐Rather Not Say **Gender:** ☐M ☐F ☐U

Mailing Address:_____ **Apt #:**_____

City:_____ **State:**_____ **Zip:**_____

Phone Number:_____

Emergency Contact

Name:_____ **Phone:**_____

Draft/Invoice Type:

Draft Options
☐Monthly
☐Quarterly
☐Semi-Annual
☐Annual

Draft Date:
1st or 3rd (circle one)
If none are circled 1st will be used

OR

Invoice Options
☐Quarterly
☐Semi-Annual
☐Annual

Invoiced memberships are prorated to the 1st of the following month and paid in full at time of sign up.

Membership Type:

☐Household (2 adults + dependents up to 23 in the same household) - $78
☐Couple (2 adults in the same household) - $70
☐Senior Adult (ages 65+) - $45
☐Adult (ages 24-64) - $48
☐Young Adult (ages 19-23) - $35
☐Youth (ages 18 and below) - $25
☐Renew Active (through United Healthcare only)
☐Centra Health and Wellness Program ($35/person) _____
☐Discount Group:_____

****All Memberships are assessed a $20 Maintenance fee on June 1st of each year. Memberships joining after June 1st will pay a prorated amount. ****

Secondary Member
(or Guardian if Youth Membership)

First Name:_____ **Last Name:**_____

Email:_____ **Date of Birth:**__/__/__

Ethnicity/Race:_____ ☐Rather Not Say **Gender:** ☐M ☐F ☐U

Phone Number:_____

Verification of Address and/or Dependent Status May Be Required for Couple and Household Memberships

Additional Members

1. **First Name:**_____ **Last Name:**_____

   Date of Birth:__/__/__ **Ethnicity/Race:**_____ ☐Rather Not Say **Gender:** ☐M ☐F ☐U

2. **First Name:**_____ **Last Name:**_____

   Date of Birth:__/__/__ **Ethnicity/Race:**_____ ☐Rather Not Say **Gender:** ☐M ☐F ☐U

3. **First Name:**_____ **Last Name:**_____

   Date of Birth:__/__/__ **Ethnicity/Race:**_____ ☐Rather Not Say **Gender:** ☐M ☐F ☐U

4. **First Name:**_____ **Last Name:**_____

   Date of Birth:__/__/__ **Ethnicity/Race:**_____ ☐Rather Not Say **Gender:** ☐M ☐F ☐U

Sworn Statement or Affirmation

1. Has applicant or any person listed on this application, ever been charged with, pled guilty to, entered a no contest plea to, had a matter taken under advisement, or been convicted of a violent crime against another person or a felony?
   ☐YES ☐NO If yes, provide the supporting documentation found below.
2. Has applicant or any person listed on this application, ever been charged with, pled guilty to, entered a no contest plea to, had a matter taken under advisement, or been convicted of any charge involving sexual assault or abuse?
   ☐YES ☐NO If yes, provide the supporting documentation found below.
3. Is the applicant or any person listed on this application, a registered sex offender in any jurisdiction within or outside of the United States of America.
   ☐YES ☐NO If yes, provide the supporting documentation found below.
4. Has the applicant or any person listed on this application, ever been a registered sex offender?
   ☐YES ☐NO If yes, provide the supporting documentation found below.
5. Has the applicant or any person listed on this application, ever been the subject of a founded complaint of child abuse or neglect or elder abuse or neglect?
   ☐YES ☐NO If yes, provide DSS Sworn Statement as well as supporting documentation found below.

If you answered yes to any of the above questions, provide the following and supporting documentation:

a. State, Community, City where charge was filed
b. Date of Disposition
c. Court of Disposition
d. Court's Disposition of Such Charges

Your application and documentation will be reviewed by our Board of Directors for determination on membership status.

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation is a Class I misdemeanor. 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.

Member Signature:_____ **Date:**_____

Fitness & Weight Room

A FitPath Orientation is recommended for all who use our Fitness Center but REQUIRED for all persons under the age of 18 in order to be in the Fitness Center.

_____ Member Intitials — I am declining the recommended FitPath orientation for the Fitness Center. Members under 18 do not have this option.

_____ Member Intitials — I am declining the recommended FitPath orientation for the Free Weight Room. Members under 18 do not have this option.

Code of Conduct

1. The Bedford Area Family YMCA is committed to providing a safe and welcoming environment for all members and guests. To promote safety and comfort for all, we expect individuals to act appropriately at all times when they are in our facility or on our property or participating in our programs
2. We expect persons using the Bedford Area Family YMCA to behave in a mature and responsible manner, and to respect the rights and dignity of others. Our Code of Conduct does not permit language or any action that can hurt or frighten another person, or that falls below a generally accepted standard of conduct
3. Prohibited actions specifically include but are not limited to:
   - Angry or vulgar language; includes swearing, name-calling or shouting
   - Inappropriate attire. Appropriate attire must be worn at all times Proper attire is clothing that covers the midsection and chest, with no vulgar messages, and no sandals, open-toed shoes, or boots
   - Physical contact with another person in any angry or threatening manner or any unwanted contact
   - Any demonstration of sexual activity or sexual contact with another person
   - Harassment or intimidation by words, gestures, body language or any menacing behavior
   - Theft or behavior that results in the loss or destruction of property
   - Carrying or concealing any weapons or devices or objects that may be used as weapons
   - Using or possessing illegal substances or alcohol on Bedford Area Family YMCA property
   - Any other conduct of any inappropriate, threatening, or offensive nature
4. Loitering is not permitted in or outside of the Bedford Area Family YMCA facility
5. Smoking, vaping, drugs, and alcohol are not permitted in or outside of the Bedford Area Family YMCA. The Bedford Area Family YMCA and its property is a smoke-free, drug-free, and alcohol-free environment
6. Members and guests are encouraged to be responsible for their personal comfort and safety, and to ask any person whose behavior threatens their safety or comfort to refrain from such conduct. If a member or guest feels uncomfortable in confronting the person directly, they should report the behavior to Y staff. Members and guests should not hesitate to notify Y staff if assistance is needed
7. In order to be able to carry out these policies, members and guests are required to identify themselves to Y staff and/or Y Board members when asked

The Executive Director will investigate all reported incidents. Suspension or termination of Y membership privileges may result from a determination by the Executive Director, and/or Board of Directors, if in their discretion a violation of the Bedford Area Family YMCA Code of Conduct or other established YMCA rules, has occurred. I have read, understand, and agree to comply with the Bedford Area Family YMCA Code of Conduct, all other established YMCA rules, and the policies.

Member Signature:_____ **Date:**_____

Terms and Condictions

_____ Member Intitials — I understand that this is an on-going membership payment plan. I understand that if I wish to terminate my membership for any reason, I may do so by giving the Bedford Area Family YMCA a written 30-day notice. This includes invoiced memberships.

_____ Member Intitials — I understand that all membership fees that are paid are non-refundable and non-transferable. Memberships are paid by monthly draft, quarterly, semi-annually, or annually.

_____ Member Intitials — I understand that if I cancel my membership for any reason, I can rejoin the Y at any time provided I was a member in good standing at the time of cancellation and otherwise meet all membership criteria. There will be a $25 reinstatement fee each time I reinstate my membership

_____ Member Intitials — I understand the Y recommends a doctor's approval to exercise if I or any participating household member is experiencing any medical conditions or using any medications.

_____ Member Intitials — I give my permission to the Y to use photographs, video, or recordings, which may include my image or voice for of promoting Y programs or activities. Note: we do use video cameras in the facility and on the grounds.

_____ Member Intitials — I understand that in the event, I or any member of my household cause damage to the Y property, facility, or equipment by reason of misuse, abuse, or willful act, I shall be responsible for the cost of repair or replacement.

_____ Member Intitials — I understand that any member who is directed to leave the YMCA real property or facility for violation of the Code of Conduct, other facility rules or for any other justified reason and refuses to leave shall be deemed to be trespassing.

_____ Member Intitials — The Bedford Area Family YMCA Board of Directors may, at its discretions, adjust rules and regulations as well as adjust Members Initials the monthly rate applicable to my category of membership. I understand that I will receive notice at least three (3) weeks prior to any such rate change and in the event of an increase in my monthly fee, I have the opportunity to terminate this a agreement at that time.