BEDFORD AREA FAMILY YMCA
NATIONWIDE & GUEST APPLICATION

TO BE COMPLETED BY YMCA STAFF
Guest Pass Type (circle) Free Guest Pass / Day Pass / Bedford Senior / Trial Membership / Program Member / Shower Pass / Nationwide Member Total Paid: _____:

OFFICE USE ONLY
Last Name _____
First Name _____

TO BE COMPLETED BY GUEST IF OVER 18, LEGAL GUARDIAN IF UNDER 18:

Name:_____
First M.I. Last

Address:_____

City, State, Zip code:_____

Sex: _____ Birth Date:____/____/____Cell Phone: (___) _____

Emergency Contact & Phone Number:_____

Nationwide YMCA:_____YMCA Membership #:_____

ADDITIONAL GUESTS UNDER 18 OR LEGAL GUARDIAN IF UNDER 18:

First Name, M.I., Last Name	Sex	Birth Date	Employer/School

Nationwide Membership Program: The Bedford Area Family YMCA participates in the Nationwide Membership Program and honors visiting YMCA members in good standing. Nationwide Members are afforded the full and unrestricted use of our premises and facilities at no charge however, Nationwide Members must use their home YMCA at least 51% of the time. To be eligible as a Nationwide Member, your home YMCA must be participating in the Nationwide Membership Program and you must be a member in good standing with your home YMCA. Nationwide Members may not bring guests who would not otherwise be eligible as a Nationwide Member. Nationwide Members will be asked to abide by Bedford Area Family YMCA Code of Conduct and subject to Guest Policy and Membership Rules. A Liability Waiver must be on file to use the facility. Nationwide Members will be responsible for any damages incurred to the premises, facilities, furnishings, equipment or other property of the Bedford Area Family YMCA as a result.
Guest and Day Pass Policy: We welcome anyone to visit our facility once each calendar year for free. After that initial time, guests are required to purchase a guest pass. Guest are subject to the same background checks as members for facility usage. **Ages 0-18: $8**, **Ages 19-54: $15**, **Ages 55+: $8**
All guests are required to fill out a guest wavier and provide valid picture identification before the first visit each year. Guest under 18 **MUST** be accompanied by their legal guardian to sign the waivers and provide valid picture identification.
Trial Membership: We allow guest to purchase 2-week trial memberships if the account is in good standing. This type of membership is not eligible for Nationwide benefits.
Program Members: Guests who have signed up to participate in specific YMCA programs. These individuals have unlimited visits for that specific program.
Shower Pass: Guests who only utilize the locker rooms for the intention of showering.

The Bedford YMCA is a charitable, not-for-profit membership organization. I understand the YMCA will have no liability or responsibility for any personal injuries, or loss or damage to personal property, sustained by the Guest while using the YMCA facilities. I understand that minors under the age of 18 are not allowed in the fitness area without proper supervision and training.

_____
Guest Signature Date Staff Signature

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.

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

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

All guests under 18 may only be in the Fitness Center if a fitness employee is available for an FitPath. If there is no employee available for this, then the Fitness Center may not be used.

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.

Signature: _____ Date: _____

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 following and supporting documentation: (your application and documentation will be reviewed by our Board of Directors for determination on membership status)
   a. State, Community, City where charge filed
   b. Date of disposition
   c. Court of disposition
   d. Court's disposition of such charges
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 following and supporting documentation: (your application and documentation will be reviewed by our Board of Directors for determination on membership status)
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, please see question 1 for supporting documentation needed. (your application and documentation will be reviewed by our Board of Directors for determination on membership status)
4. Has the applicant or any person listed on this application, ever been a registered sex offender? ☐**YES** ☐**NO** If yes, please see question 1 for supporting documentation needed. (your application and documentation will be reviewed by our Board of Directors for determination on membership status)
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 on question 1 (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.

_____ _____

Signature Date