



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Auburn YMCA Membership Subsidy Application

Revised January 2023

YMCA Membership Scholarships are available to children, adults and families. Because scholarship dollars are limited and are based upon available resources (according to budget), applicants are encouraged to pay as much as possible toward membership fees. The Y reserves the right to deny scholarship benefits to those who have demonstrated any violation of YMCA rules, YMCA values and inability to demonstrate financial need. All scholarships are granted for 12- months and individuals and families must reapply annually with updated information.

The determination process takes 2 weeks. Scholarship Subsidy reduces fees, it does not eliminate them.

IMPORTANT:

Please return the completed application, along with last year's income tax statement or if you didn't file; attach copies only of 30-Days most recent paycheck stubs, support or public assistance check, etc. to:

Scholarship Committee
Auburn YMCA-WEIU
27 William Street
Auburn, NY 13021

Scholarships are awarded based on financial need and will not be accepted without proof of income.

Applicant's Name:

_____ Last _____ First _____ Middle _____

Address: _____ Street _____ City _____ State _____ Zip _____

Phone: _____ E-mail (Required-Approvals will be e-mailed): _____

Birth Date: _____ Age: _____ Gender (circle one): Male Female

Place of Employment: _____ Phone: _____

Type of membership you are applying for: Youth Adult Family Senior Citizen

Family Membership includes two adults, unmarried children or custodial grandchildren through age 25 who live in your household. All members must provide proof of income: W-2, paystub, SSI, Social Security.

How much can you afford to pay on a monthly basis? _____

Name of person filling out form, if different from applicant: _____

Name of spouse or other adults in household: _____

Their place of employment: _____ Phone: _____

Number of adults over 19 in your household: _____ Number of children: _____

List the ages of the children: _____

Please explain briefly why you are requesting a subsidy and how the scholarship will benefit you/yourfamily: _____

Please list gross monthly household income and expenses:

Gross Monthly Income		Monthly Expenses	
Wages	\$	Rent/Mortgage	\$
Public Assistance		Utilities	
Food Stamps		Food	
Support		Insurance	
SSI		Medical	
Pension		Clothing	
Other		Other	
Total Income:		Total Expenses:	

- Applicants must not owe any money to the Auburn YMCA.
- All applicants must qualify for inability to pay due to financial hardship: the scholarship committee may base their decisions in part on federal poverty levels.
- Any willful violation of YMCA rules, values or unacceptable behavior may result in immediate termination of membership. Applicants and family must demonstrate good citizenship.
- The YMCA has the right to table any application of those who have a previous history of incidents or unacceptable behavior at the YMCA.
- Payments must be made consecutively or membership becomes null and void. If no payment is received for three months, the scholarship is terminated, membership expires and you must reapply.
- I understand that if I must cancel our membership I will contact the YMCA so that sponsorship may be provided to others.
- Scholarships must be activated within 30-days of notification of approval.

YMCA Code of Conduct: The Y is a family-oriented organization whose purpose is to promote the spiritual, intellectual, social and physical welfare of all. We expect our members to meet minimum standards of conduct. These standards include but are not limited to:

- Compliance with all Y polices and rules regarding use of facilities and equipment
- Respect for Y staff and other members and participants
- No swearing, abusive or vulgar language. No fighting
- Staff reserves the right to determine the appropriateness or inappropriateness of apparel being worn.
- All members must follow the core values of **Respect, Responsibility, Honesty and Caring.**

★ READ AND SIGN ★

I _____ do hereby attest that the information given is correct to the best of my knowledge and that I have read and agree to all the terms in this form. I agree, if necessary to send additional information or documentation to support the above statements. I understand if I falsify information, I will not be eligible for assistance now and/or in the future. I understand that by accepting this scholarship I am obligated to make the monthly payment, if a payment is missed I understand that those months must be paid in order to keep my membership in good standing. I understand that all information will be kept confidential.

The Y reserves the right to increase applicant payments in accordance with any general rate increases.

Signature _____ Date _____

*****For Committee Use Only..... Approved () Yes () No

Date received _____ Membership _____ % Discount: _____ Family Pays _____

Requested from Committee _____ Notification _____ Date _____

Comments: _____



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Auburn YMCA- WEIU Membership Application

Join Date: _____
Member Type: _____

Last Name _____ First Name _____ M.I. _____
A.K.A (i.e. maiden name, nickname) _____

Street Address _____ City _____ Zip _____

Previous Address _____

Birthdate _____ Age ____ Sex: M F Home/Cell Phone _____ Alter. Phone _____

Employer _____ Work Phone _____

Email Address _____

Emergency Contact:

Name _____ Phone _____ Relationship to Applicant _____

Parent/Guardian Info (if youth membership)

Name _____ Phone _____ Email _____

Family Membership (includes one or two adults, 19 years or older, living in the same household, and their dependent children through age 25)

Name	Sex	Birthdate	Age	Grade	School/Employer	Phone

I decided to join the YMCA because of: _____ printed advertising materials _____ taking a YMCA class
_____ visiting as a guest _____ encouraged by a member (member's name) _____
_____ other _____

Photo Release: I give the Auburn YMCA-WEIU permission to use any or all portraits of myself and/or my family members for advertising, display, printed materials or other uses. YES NO, I do not give permission.

Agreement:

I understand that the YMCA-WEIU is guided by the values of honesty, caring, respect and responsibility and I agree to abide by the policies and rules established by the Board of Directors and staff. I also understand that I participate in YMCA activities and use YMCA facilities and equipment at my own risk. The Auburn YMCA- WEIU does not carry individual accident insurance; if I become ill or injured from such use or participation, I must use my own insurance.

Signature

Date



Auburn YMCA-WEIU Adult Participant Release & Waiver of Liability and Indemnity Agreement

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING THE AUBURN YMCA - WEIU FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE.

Assumption of Risk

I acknowledge and agree that any use of Auburn YMCA - WEIU facilities, services, equipment and premises ("Facilities") and any participation in Auburn YMCA - WEIU programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs, I the undersigned, agree that Auburn YMCA - WEIU, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

Code of Conduct

The Auburn YMCA-WEIU is committed to providing a safe and welcoming environment for all. For the safety and comfort of those who are in our facility, participating in our programs, or on grounds, we ask individuals to act in a manner that upholds our guiding principles of honesty, responsibility, caring and respect at all times and to comply with all Y polices and rules regarding use of facilities and equipment.

I understand that failure to comply with the YMCA's rules and regulations could result in revocation of my membership or facility privileges. I acknowledge the mission of the Auburn YMCA is to put Christian principles into practice through programs that build healthy spirit, mind and body for all. I will act responsibly and respect the rights and dignity of other members and staff. I understand that I can be denied or terminated for not following the YMCA rules and policies. I assume responsibility for injuries sustained. The YMCA may use my/our likeness for promotional purposes.

Date: _____ Full Name (please print clearly): _____

Signature: _____

() Please check here if not a Skaneateles/Auburn Y member and provide the following:

Address: _____

Phone: _____ Email: _____