YMCA OF WICHITA FALLS

BEGIN YOUR JOURNEY

OUR MISSION: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GETTING TO KNOW YOU

Today's Date		
Primary Adult First Name	MI	Last Name
Billing Address		Unit #
City	State	Zip
Email		Phone
Emergency Contact:		Phone
Gender ☐ Male ☐ Female ☐ Other		Birth Date (mm/dd/yyyy)

BEGIN YOUR MEMBERSHIP

1. Secondary Adult:	Birth Date (mm/dd/yyyy)	Gender
2. Child:	Birth Date (mm/dd/yyyy)	Gender
3. Child:	Birth Date (mm/dd/yyyy)	Gender
4. Child:	Birth Date (mm/dd/yyyy)	Gender
5. Child:	Birth Date (mm/dd/yyyy)	Gender

I (We) hereby authorize _____ (employer) to initiate wage deduction in accordance with the beginning date of my membership with the YMCA of Wichita Falls.

EMPLOYEE AUTHORIZATION

Initial	This authority is to remain in full force and effect until the YMCA has received written notice of cancellation and/or modification 30 days prior to the next invoice, or until the company has received notification of me regarding termination of agreement.
Initial	I understand I must bring my membership card each time I visit the YMCA and scan in to gain access.
Initial	I understand that my YMCA membership can be put on "hold" for short term illness or vacation (3 month maximum) with written notice submitted 30 days prior to the next invoice. I also understand that the YMCA does not provide accident or medical insurance.
Initial	To my knowledge I am in good health and use these facilities at my own risk.

HR AUTHORIZATION

Initial	This authority is to remain in full force and effect until the YMCA has received written notice of cancellation and/or modification 30 days prior to the next invoice, or until the company has received notification of me regarding termination of agreement.
Initial	I acknowledge that authorizing this membership will result in my next invoice being updated in accordance with the most current employee roster of active memberships.
Initial	By signing this form, I confirm that, to the best of my knowledge, the employee understands and agrees to pay the appropriate membership rate through payroll deduction.

Employee Signature	Date
HR Representative Signature	Date

YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Member Name(s)

Waiver:

By signing I acknowledge the following: In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the within named individuals on this card.

- I understand no accident or medical insurance is provided. The YMCA would like to advise each program participant to consult their physician before engaging in physical activity, especially persons over the age of 35 and all persons with known or suspected heart disease.
- Upon registration, you hereby agree to indemnify and hold harmless the YMCA of Metropolitan Wichita Falls, its officers, directors and employees from any and all claims, damages or liabilities for personal injuries and property loss or damage, of any nature arising out of or in any way connected with the YMCA facilities or activities.
- For the protection of participants, the YMCA reviews sex offender lists and/or reserves the right to do background checks on its members or guests.
- I understand a $30.00 fee will be charged for returned checks or returned drafts and will be charged on the 1st of the following month, if the payment has not been made.

Photo Release:

I hereby give YMCA, its legal representatives, or those for whom it is acting, the absolute right and permission to take, copyright, use, and publish photographs in any and all media, for purposes of YMCA art, advertising, education, or promotion, or for any other purpose consistent with the YMCA mission. I agree that the photograph becomes the exclusive property of YMCA and I waive all rights thereto. I waive all rights to inspect and /or approve any printed materials that may be used in conjunction with the photograph and the use to which is may be applied.

Primary Adult Name	Signature	Date
Secondary Adult Name	Signature	Date
Additional Adult Name	Signature	Date
Additional Adult Name	Signature	Date

YMCA OF WICHITA FALLS

CODE OF CONDUCT

OUR MISSION: Strengthen community through youth development, healthy living, and social responsibility.

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

The YMCA of Wichita Falls is dedicated to providing a safe and welcoming environment for all its members and guests. The YMCA is an organization open to all people. We welcome and value individuals of all ages, races, ethnicities, religions, gender identities, abilities, sexual orientations and financial circumstances. We are committed to having programs and services that embrace diversity, reflecting the people and needs of our community.

To promote safety, all individuals are asked to act appropriately and follow rules/ guidelines at all times within our facility or when participating in our programs. We expect persons using the Y to act maturely, to behave responsibly, and to respect the rights and dignity of others. The following actions listed below are behaviors considered inappropriate in our facilities, programs, and in online communities, and therefore not allowed. Please note this is not an exhaustive list.

- Illegal chemicals or alcohol. Using, possessing or under the influence of alcohol or drugs on YMCA property or at Y sponsored programs.
- Smoking. The use of tobacco or tobacco-like products, including e-cigarettes or vaping. The YMCA is a drug free environment.
- Weapons. Carrying or concealing any weapons or devices or objects that may be used as, or look like weapons. Exception is those carried by qualified active and/or retired law enforcement
- Harassment/ intimidation. Harassment or intimidation by words, gestures, body language or any menacing behavior that demeans another person or culture.
- Threatening physical contact. Physical contact with another person in any hostile or threatening way including "play fighting".
- Inappropriate language. Hostile or vulgar language, including swearing, name-calling, or shouting.
- Inappropriate conduct. Any other conduct of an inappropriate, threatening, or offensive nature.
- Inappropriate attire. Clothing with vulgar language, obscene gestures, racial slurs, or anything that contributes to a hostile environment or would be considered inappropriate in a family facility.
- Sexual Activity. Any demonstration of sexual activity, sexual contact with another person or sexually explicit conversation and behavior.
- Theft/ destruction of property. Theft or behavior that results in the destruction of property.
- Loitering. Loitering in or outside YMCA facilities or programs and/ or inappropriate use of Y facilities.
- Falsifying information on your membership form including, but not limited to name, birthdate, billing information, or allowing individuals, not listed on your membership to use your scan card or personal information to gain access to the facility.
- Inappropriate cell phone activity. Cell phone or photographic/ video equipment use of any kind- organizing playlists, music, texting, camera functions, video recording- is not permitted in the locker rooms at any time (including unauthorized photography of facilities, members, or participants).
- Social media. Use of social networking in a manner that is contrary to the Y's mission, is detrimental to the community or is in violation of the law.
- Unauthorized solicitation is impermissible at the YMCA or at YMCA sponsored events.

The YMCA of Wichita Falls reserves the right to deny access or membership to any person who has been convicted of any crime related to abuse in a sexual manner. Members and guests are encouraged to take responsibility for their actions, comfort and safety. Anyone who witnesses behavior that goes against our Code of Conduct is encouraged to report the behavior to a staff person or Manager on Duty immediately (versus confronting another member directly). Suspension or termination of YMCA membership privileges may result if the YMCA determines that a violation of this Code of Conduct has occurred, and/ or if multiple warnings have been provided previously.

Primary Adult Name	Signature	Date
Secondary Adult Name	Signature	Date
Additional Adult Name	Signature	Date
Additional Adult Name	Signature	Date

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OPPORTUNITIES TO GIVE

The Y is a non-profit, cause-driven organization. We count on the generosity of our members and community to help people of all ages and from all walks of life, be healthy, confident, connected, and secure- no matter their ability to afford programming. When you give to the Y, your tax-deductible gift will have a meaningful impact on the life of a family in your neighborhood.

YES! I want to build a stronger, healthier community.

Here is my gift:

☐ **My best one time gift of $** _____

☐ **Reccuring monthly gift of $** _____

$25

KEEP SENIORS ACTIVE
Give one month of Senior Membership to provide a place to stay active and connected.

$50

KEEPS KIDS SAFE AROUND THE WATER
Give a child the opportunity to participate in swim programs that instills confidence and keeps them safe while building them in spirit, mind, and body.

$100

GIVE A SUMMER TO REMEMBER
Give one memorable week of summer camp to a child to help them learn, grow, and thrive.

$250

GIVE A CANCER SURVIOR A PLACE TO HEAL
Give Cancer Surivor one session of Livestong at the Y as they build strength and endurance with the support of other survivors.

$500

PROVIDE A LIFE CHANGING EXPERINCE FOR INDIVIDUALS WITH UNIQUE ABILITES
Give 10 individuals an adaptive sports experience that will bring joy and the benefits of athletics regardless of their abilities.

Your donation makes all the difference.
THANK YOU!

OFFICIAL USE ONLY

Date	Received by	Membership Type	Promo
Scholarship		Member Services Staff	Receipt #
Draft Info Entered By		Notes	