



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**MAUI FAMILY YMCA
MEMBERSHIP APPLICATION**
www.mauiyymca.org

<u>Primary Member's Full Name</u>	<u>Gender</u>	<u>Date of Birth</u>
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Address: Street Number and Name, City, State, Zip Code

<u>Email Address</u>	<u>Cell Phone #</u>	<u>Home Phone #</u>
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<u>Emergency Contact (EC) Name</u>	<u>EC Relationship</u>	<u>EC Phone #</u>
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Ethnic Background (check one):
 Asian Caucasian African American
 Hawaiian Hispanic Native American
 Filipino Portuguese Pacific Islander

Annual Family Income (check one):
 0-20,000 20,000-40,000 40,000-60,000
 60,000-80,000 80,000-100,000 100,000 & Up

YOUR SUPPORT IS CHANGING LIVES
 At the Maui Family YMCA, our goal has been to enrich the lives of children, teens and families in our community. With your help we would have the ability to provide everyone the opportunity to enhance their lives here at the Y.

\$25 provides a week of meals for a child at the Y's day camps
 \$50 helps the Y teach life-saving skills in the water for parents and children
 \$100 gives a family the opportunity for healthy lifestyle choices by becoming a Y member
 \$250 supports the Y's Diabetes Prevention Program helping people make healthy decisions for life

Other amount: _____

DONATE

FOR FAMILY MEMBERSHIPS ONLY:

2nd Adult's Name (First/Last) _____
 Birth date _____ Age _____ Gender _____
 Phone _____ Email _____

Child's Name (First/Last) _____
 Birth date _____ Age _____ Gender _____

Child's Name (First/Last) _____
 Birth date _____ Age _____ Gender _____

Child's Name (First/Last) _____
 Birth date _____ Age _____ Gender _____

Child's Name (First/Last) _____
 Birth date _____ Age _____ Gender _____

Child's Name (First/Last) _____
 Birth date _____ Age _____ Gender _____

Child's Name (First/Last) _____
 Birth date _____ Age _____ Gender _____

DEBIT/CREDIT DRAFT PAYMENT INFORMATION ONLY: (if by Bank Draft please ONLY sign at bottom and provide Voided Check)

Debit/Credit Card Holder Name (print) _____

Debit/Credit Card Holder Billing Address _____ Zip Code _____

Debit/Credit Type (please circle one): Visa Mastercard Discover American Express

Debit/Credit Card Number (please print legibly): _____ EXP Date _____

DRAFT ACCOUNT AGREEMENT:

I authorize the YMCA to begin a monthly EFT (Electronic Funds Transfer) from my account with the financial institution named above for payment of my membership dues. I understand that the monthly EFT will occur on the first available draft date (20th of each month). I agree to update my draft account information 30 days prior to my EFT draft date. I understand that the YMCA will assess a \$10.00 service charge for returned checks or EFTs. I understand that this EFT agreement will be automatically cancelled if 2 or more consecutive payments are returned unpaid. I understand that if I make a payment through the mail or over-the-counter at the YMCA, that the scheduled payment may still be deducted. **NOTICE:** Youth and Teen Memberships will be automatically upgraded to the appropriate Membership Type (Teen or Adult) when member ages out of age range for their current Membership Type.

MEMBERSHIP & EFT CANCELLATIONS:

I agree to provide 30 days written notice prior to my last expected bank draft to cancel a monthly EFT membership. I understand that erroneous draft must be brought to the attention of the YMCA with in 60 days of the draft in question or the YMCA will not be held responsible. Annual Cancellations. I agree to provide a written notification of cancellation. I understand that the YMCA will reimburse only the remaining months on the membership.

_____ _____
Account/Card Holder Draft Authorization Signature **Date**

YMCA USE ONLY

Member Type _____ Monthly Draft Annual (One Yearly Payment) Other _____ EXP _____

Effective Date _____ Unit # _____ Amount Paid _____ Staff Initials _____

MAUI FAMILY YMCA – WAIVER AND RELEASE OF LIABILITY

In consideration of my membership and being able to use the Maui Family YMCA facilities and equipment, I hereby release and covenant not to sue the YMCA, it's owners, it's employees, instructors, or agents (herein after collectively referred to as "YMCA"), from all present and future claims, resulting from ordinary negligence on the part of the YMCA or others listed for loss, damage, or theft of personal property, personal injury, or death, arising as a result of using the facilities and equipment of the YMCA and engaging in any YMCA activities or any activities incidental thereto, wherever, whenever, or however the same occur. I hereby voluntarily waive any and all claims resulting from negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that health and fitness club activities may range from various cardiovascular activities (i.e., aerobics, bicycles, steppers or racquetball), to the strenuous exertion of strength training (i.e., free weights, weight machines). I understand that these and other physical activities at the YMCA involve certain risks, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, heart attacks, and injury to bones, joints, or muscles. I am voluntarily participating in club activities with full knowledge of dangers involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to hold harmless, indemnify and defend the YMCA and others listed for any and all claims arising as a result of my engaging in club activities or any activities incidental thereto, wherever, whenever, or however the same occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Hawaii and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up any and all legal rights and/or remedies that may be available to me for the ordinary negligence of the YMCA or any parties listed above.

CODE OF CONDUCT

As a member or user of the Maui Family YMCA, you are expected to abide by the following guidelines. Inability to follow these guidelines or repeated violation of them may be grounds for suspension or termination of membership or usage privileges. Listed below are examples of behavior which are representative of those which may justify disciplinary action. They are not intended to cover every possible situation or to be in order of severity or seriousness. Also additional rules may be added from time to time, at which time members/users will be expected to abide by new additions to this code of conduct.

- One should conduct oneself in a manner that is cooperative, attentive, courteous, pleasant, respectful, and kind when dealing with other members, visitors, or YMCA staff. Using harsh, violent, abusive, threatening, profane or insolent language, either written or verbal, is not acceptable.
- While at Maui Family YMCA members will not conduct themselves in a manner that could have a detrimental effect on the health, safety, or property of members, visitors, the public, employees, or the YMCA.
- A member will not behave in a manner in which pilferage of and or neglect, carelessness, or mischief results in loss, damage, waste, or destruction of the YMCA's property or the property of members, staff or other.
- Cell phone usage is not permitted in the locker rooms, pool area, or any work out area.
- The member will dress in a manner that is appropriate for the activity they are participating in at the time.
- Members will report loss, damage, breakage, or destruction of the Y's property or the property of members, staff or others.
- A member will not falsify records or omit pertinent facts, give false testimony or statements.
- Drinking of alcohol or Smoking is prohibited on YMCA premises.
- Gambling in any form at the YMCA is not allowed.
- Soliciting or collecting contributions on YMCA property without the proper permission is not allowed.
- Distributing literature, posting signs or other material is not permitted without the proper permission from the CEO of the Maui Family YMCA.
- Members are not allowed to hold or permit unauthorized meetings at the YMCA facilities.
- Possession, carrying, or storing of concealed weapons is not allowed on YMCA property.

The Maui Family YMCA conducts regular sex offender screenings on all members, participants, and guest.

If a sex offender match occurs, the Maui Family YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

I have read and agree to the Maui Family YMCA's Waiver and Release of Liability, Code of Conduct.

Name of Participant: _____

Print Name

Signature

Name of Participant: _____

Print Name

Signature

Parent/Guardian Signature: _____

If under 18

Date

PHOTO/VIDEO RELEASE/WAIVER

I agree that video and/or photographs taken while participating in YMCA-related activities become exclusive property of the YMCA and may be used by the YMCA.

Initials _____



Maui Family YMCA Fitness Facility Guidelines

Caring

- Be mindful of others when using machines in between sets
- Refrain from horseplay, fighting, swearing, and verbal abuse (including grunting and loud noises).
- Return all weights and accessories to their proper location after use.

Honesty

- The weight and cardio rooms are reserved only for those ages sixteen (16) and above.
- Those that are ages 13 to 15 will need to complete a FIT Pass with the Health & Wellness Director.
- Those that are ages 7 to 12 are allowed to use the racquetball court or the swimming pool ONLY.
- Please follow all guidelines in all the respective areas.

Respect

- Please wipe down exercise equipment after every use.
- No food or beverages allowed in the weight and cardio rooms with the exception of beverages in sports bottles or covered tops.
- Please respect maximum time limits on cardiovascular equipment when others are waiting.
- Please use earphones or headsets in the weight and cardio room when working out.
- No Bluetooth speakers or playing music out loud on cell phones.
- Please take all phone calls outside of weight and cardio room in breezeway.

Responsibility

- Wear fully covered athletic shoes and proper exercise attire (a shirt and athletic shorts/pants) when using the fitness facilities.
- Please **DO NOT ALLOW WEIGHTS TO SLAM TOGETHER OR DROP ON FLOOR.**
- Please secure your gym bags in the appropriate designated areas.
- Please use spotters when you are lifting heavy weights.
- Please use weight collars at all times.

The YMCA is not responsible for any lost or damaged items left unsecured in the locker room.

Mission Statement:

To enhance the quality of life for individuals, families, and our community through programs that foster moral growth and build a healthy spirit, mind, and body for all.

I have read and agree to the Maui Family YMCA's Waiver and Release of Liability, Code of Conduct.

Name of Participant: _____
Print Name Signature

Name of Participant: _____
Print Name Signature

Parent/Guardian Signature: _____
If under 18 Date

FITNESS ORIENTATION

YES ____ NO ____

PHONE # _____

FIT Pass (13 - 15 years old)

Parent's Name _____

PHONE # _____

HEALTH HISTORY

First & Last Name _____ Date _____

Date of Birth _____ Age _____ Height _____ Weight _____ M F Do you now, or have had in the past: **YES** **NO**

- | | | |
|--|--------------------------|--------------------------|
| 1. History of heart problems, chest pain, or stroke? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Family history of above? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. History of high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Family history of above? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. History of lung or breathing problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Diabetes (list type below)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Family history of above? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. History of high serum cholesterol levels? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Smoking - Now/Past (please circle) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Muscle, joint or bone injury presently? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Muscle, joint or bone injury in the past? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Any other condition or complaint? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Medication? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Recent hospitalization? | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "yes" answers:

Please describe current exercise, sport, or physical activities.

Please describe past exercise, sport, or physical activities.
