



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## EDWARDSVILLE YMCA FINANCIAL ASSISTANCE POLICY

It is the policy of The Edwardsville YMCA to provide services to all those who desire and request it regardless of their ability to pay the associated fees. Those unable to pay fees may be awarded financial assistance. The amount of assistance provided to an individual or family will be based on their documented ability to pay and other factors outlined in this policy.

### Eligibility:

1. Applicant's must work or reside in the service area of the Edwardsville YMCA. The service area is defined as the area that is in the boundaries of the Edwardsville School District.
2. Assistance will be granted on the basis of financial need. Eligibility criteria are based on the family income guidelines used by the Edwardsville Community School District # 7 for the school lunch program. Those applicants for financial assistance for youth memberships and programs will be required to provide a signature from a parent or guardian to verify eligibility.
3. Applicants have an opportunity to provide information on any extraordinary expenses and/or situations that may pertain to their eligibility for financial assistance.
4. The YMCA believes a strong sense of ownership and pride is developed if the financial assistance recipient has contributed to the cost of their YMCA involvement. Therefore, applicants will be asked to pay a portion of the fee for the requested service.

### Application Process:

1. Financial Assistance Request Forms are available at all of our facilities and online.
2. Completed forms and required income documentation must be turned in to the Membership Director at the YMCA Esic Center. An application interview may be required before financial assistance is granted.
3. All financial assistance request records will be kept confidential.

## GUIDELINES FOR FINANCIAL ASSISTANCE

Assistance will be granted on the basis of financial need. Families or individuals need to meet one of the following criteria for eligibility:

1. Family or individual is receiving assistance from one of the State or County departments providing public assistance.
2. Family income is within the following guidelines:
  - Family of two or under: Under \$18,941
  - Family of three: Under \$23,803
  - Family of four: Under \$28,665
  - Family of five: \$33,527
  - Family of six: \$38,389
  - Family of seven: \$43,251
3. Disadvantaged Individual / Family:
  - A. A youth whose school behavior, social interaction, or family situation indicates a need for a YMCA experience.
  - B. An individual whose life situation indicates a need for a YMCA experience; and,
  - C. In either instance, if the family income exceeds the guidelines, but in the YMCA's opinion financial assistance is warranted.





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## EDWARDSVILLE YMCA FINANCIAL ASSISTANCE APPLICATION

Information provided will be kept confidential. Form MUST BE completed in full and signed to be considered for Financial Assistance.

Applicant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

Applicant's Title/Position: \_\_\_\_\_ Spouse's Title/Position: \_\_\_\_\_

Monthly Income \$ \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_

Total Annual Family Income: (Include: Child Support, Annuities, Workmen's Comp, Grants, Public Aid, Disability, etc.) \$ \_\_\_\_\_

• Are you currently enrolled in school?  YES  NO

If yes:  FULL TIME  PART TIME

• List any extraordinary/unusual expenses (ex: medical, alimony, educational loans, etc.)

Types of Expenses:	Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____

• Please include reason(s) and/or special circumstances creating your need for financial assistance.  
(Use reverse side of page if needed)

\_\_\_\_\_  
\_\_\_\_\_





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**EDWARDSVILLE YMCA  
FINANCIAL ASSISTANCE APPLICATION CONTINUED**

• List all dependents in your household (Include yourself)

Name (First, Middle Initial, Last)	Sex	Date of Birth	Employer/School	For Demographic purposes, please indicate race(s) of applicant & dependents.
				<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Other
				<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Other
				<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Other
				<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Other
				<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Other

What type of financial assistance are you applying for? Please specify.

• **Membership**

Youth  Family  Individual  Senior Couple  Senior Individual

Amount of applicable fee applicant will pay per month: \$ \_\_\_\_\_

• **Program**

Specify which program(s): \_\_\_\_\_

Amount of applicable fee applicant will pay per month: \$ \_\_\_\_\_

**ALL FINANCIAL ASSISTANCE APPLICANTS MUST SIGN AND DATE BELOW**

**I certify the information provided herein is true, accurate and complete to the best of my knowledge. I understand I am responsible for notifying the Edwardsville YMCA of any changes in my financial status.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Parent or Guardian if under 19 years of age)

FOR OFFICE USE ONLY	
Date received: _____	
Type of membership approved: _____	Membership cards issued: _____
Amount to be paid by patron: \$ _____	
President/CEO Approval: _____	
Director Approval: _____	Department: _____





# EDWARDSVILLE YMCA NEW MEMBER APPLICATION

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## PRIMARY CONTACT INFORMATION

Primary Member Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cell/Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Email: \_\_\_\_\_ 2<sup>ND</sup> Email (if Applicable): \_\_\_\_\_  
 Emergency Contact\*: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 \*Other Than Those Listed On Membership.

## HOUSEHOLD MEMBERS

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ (If Over 18)  
 Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## MEMBERSHIP TYPE

FULL PRIVILEGE  BASIC PROOF OF AGE AND/OR RESIDENCY MAY BE REQUIRED.

- Youth (Basic: age 12 & under | Full: age 12-18)
- Individual (Basic: age 13+ | Full: age 19+)
- College (age 18-23) (Full & Summer/Holiday Only)
- Family\*
- Family\* +1 adult
- Family\* +2 adults
- Senior Individual (age 62+)
- Senior Couple (one must be 62)

### INSURANCE MEMBERSHIPS (Full Privilege Only, Check Eligibility)

- SilverSneakers Individual
- Renew Active Individual
- Silver & Fit Individual
- Active & Fit Individual

### MILITARY OR 1<sup>ST</sup> RESPONDERS (Full Privilege Only)

- Individual
- Family

## PAYMENT INFORMATION

ANNUAL  BANK DRAFT (ONLY FILL OUT PAYMENT INFO IF BANK DRAFT)

NAME AS IT APPEARS ON CHECKING ACCOUNT OR CREDIT CARD:

<b>CHECKING (ATTACH A VOIDED CHECK)</b>	<b>OR</b>	<b>CREDIT CARD / DEBIT CARD (CIRCLE ONE)</b>			
<b>STAFF USE ONLY: ACCOUNT NUMBER</b>		<b>TYPE (CIRCLE ONE)</b>		<b>EXPIRATION DATE</b>	
		<b>MASTER CARD</b>	<b>VISA</b>	<b>DISCOVER</b>	/
<b>STAFF USE ONLY: ROUTING NUMBER</b>		<b>ACCOUNT NUMBER (16 DIGITS)</b>			
		-	-	-	

### PLEASE INITIAL TO INDICATE YOUR UNDERSTANDING AND ACCEPTANCE OF THE FOLLOWING POLICY:

- I give authority for the Y to draft my account by the 15<sup>TH</sup> of every month.
- The monthly payment is considered continuous and is subject to rate increases.
- In order to change or terminate the automatic plan, I must provide the Y with 14 days written notice on or before the 1<sup>ST</sup> of the month.
- If my payment is unable to draft, I will be responsible for that payment, a \$15 return fee and any other recovery fees. These fees are in addition to any service fee my bank may charge.
- It is my responsibility to check my bank/credit card statement and report any discrepancies within 30 days of the draft in question.

\_\_\_\_\_  
 Page 1 Account Holder Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Month Day Year



# WELCOME TO THE EDWARDSVILLE YMCA

## CONDITIONS OF FACILITY ACCESS

In consideration of being permitted to participate in YMCA activities and for other good and valuable consideration, I hereby agree to release and discharge from **liability** arising from negligence **Edwardsville YMCA** and its owners, directors, officers employees, agents, volunteers, participants and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate and also agree as follows:

- I acknowledge that participating in YMCA activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated or described in their entirety, and with knowledge of the use of safety equipment, without jeopardizing the essential qualities of the activity.
- **I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees.** My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
- **I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct.** Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
- In the event that I file a lawsuit, I agree to do so in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
- I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
- **Photograph & Video Release:** For adequate sufficient consideration the receipt of which is hereby acknowledged, the applicant(s) hereby gives permission for the YMCA to use, without limitation, photographs, film footage or tape recordings which may include the applicant(s) image or voice for purposes of promoting or interpreting YMCA programs. **Initial If You Do Not Give Permission For Photo Release:** \_\_\_\_\_
- **Sex Offender Registry:** 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.
- **Nationwide Membership Access:** By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities and any liability for other claims, including loss of property, to the fullest extent of the law.

**By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

**Primary Adult: Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2<sup>ND</sup> Adult: Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## COMPLETE FOR PARTICIPANTS UNDER THE AGE OF 18

In consideration of \_\_\_\_\_ (Print Names Of Minors) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

**Parent/Guardian Signature:** \_\_\_\_\_

### STAFF USE ONLY THIS SECTION:

Date	Joining Fee	Prorated or Annual Fee	Expiration Date	Staff Initials

### STAFF CHECKLIST (Initial Each):

\_\_\_ Gave New Member Packet \_\_\_ Gave Tour Of Facility \_\_\_ Printed Membership Cards \_\_\_ Logged Waivers \_\_\_ Updated All Info In CCC

If Cards Not Issued, Please Give Reason: \_\_\_\_\_



# EDWARDSVILLE YMCA MEMBERSHIP APPLICATION

The Edwardsville 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 participating in our programs.

We expect persons using the Edwardsville YMCA or attending a YMCA event to behave in a mature and responsible way, and to respect the rights and dignity of others. This Code of Conduct applies to YMCA members, guests, participants, staff and anyone on YMCA property, using YMCA facilities, or attending a YMCA event.

## **Prohibited actions specifically include but are not limited to:**

- Inappropriate, immodest or revealing attire; appropriate attire includes gym shorts, shirts, or sweat suits in the physical fitness area, and regular swimsuits in the pool area.
- Angry or vulgar language, including swearing or name-calling.
- Physical contact with another person in any angry, threatening or offensive way.
- Any sexually explicit conversation or behavior; any sexual contact with another person.
- Harassment or intimidation by words, gestures, body language or any menacing behavior.
- Theft or behavior that results in the destruction of property.
- Carrying or concealing any firearm, weapon, device or object that may be used as a weapon. Possession of a state authorized concealed carry license is not an exception under this policy. The only exceptions to this policy will be law enforcement officers, and other individuals that have been given written consent by the President/CEO to carry a firearm onto the property, or at a YMCA event.
- Using or possessing illegal substances or alcohol on YMCA property, in YMCA vehicles, or at YMCA sponsored programs.
- Loitering.
- Smoking. The YMCA and its property is a smoke-free environment.
- Taking photos and/or videos from a cell phone or other device is not permitted in locker rooms or restrooms.
- Conducting business, except YMCA approved business, for personal gain on YMCA property.
- Any violation or perceived violation of any applicable law, including the Firearm Concealed Carry Act may be reported to law enforcement.

The Edwardsville YMCA reserves the right to deny access or membership to any person who has been accused or convicted of any sex-related crime; habitually or excessively uses illegal substances; has ever been convicted of any offense relating to the use, sale, possession, or transportation of illegal substances, or continuous or excessive use of alcohol. Any individual whom the YMCA becomes aware is listed on the sex offender registry will be denied access or membership to all YMCA owned or leased buildings or areas, and YMCA events.

If a member or guest believes a violation of this code has occurred, they should report the behavior to a YMCA staff member. The Edwardsville YMCA staff members are eager to be of assistance; members and guests should not hesitate to notify a staff member if assistance is needed.

In order to be able to carry out these policies, we ask that members and guests identify themselves to YMCA staff members when asked.

The YMCA management will investigate all reported incidents. Suspension or termination of YMCA membership privileges may result from any violation of the Code of Conduct without warning or refund.