



Financial Assistance Checklist

For Office Use Only

Applicant's Name: _____

Date Received: ___/___/___ Received by: _____

Membership Application Completed on: ___/___/___

Staff Initial: _____

Application complete with all necessary signatures

Financial Assistance Application Completed on: ___/___/___

Staff Initial: _____

Application complete with all necessary signatures

Proof of Income Provided on: ___/___/___

Staff Initial: _____

Total Annual Household Income: \$ _____

For Membership Director Use Only

Membership Entered in Daxko on: ___/___/___

Staff Initial: _____

Member #: _____

Reviewed on: ___/___/___

Staff Initial: _____

6 Month Renewal Date: ___/___/___

Staff Initial: _____

Notes from 6 Month Check-in: _____

_____ Staff Initial: _____

12 Month Renewal Date: ___/___/___

Staff Initial: _____

12 Month Renewal Letter Sent: ___/___/___

Staff Initial: _____



FINANCIAL ASSISTANCE APPLICATION

YMCA of the East Valley

Member ID: _____

MEMBERSHIP TYPE

- | | | |
|---|--|---|
| <input type="checkbox"/> Family (2 Adults + kids <18*) | <input type="checkbox"/> Adult (25 & over) | <input type="checkbox"/> Program Member |
| <input type="checkbox"/> Single Parent Family (1 Adult + kids <18*) | <input type="checkbox"/> Young Adult (19-24) | Program: _____ |
| <input type="checkbox"/> Couples (2 Adults, same address**) | <input type="checkbox"/> High School (15-18) | Full Membership/Program Fee: \$ _____ |
| <input type="checkbox"/> Senior (62 & Over) | <input type="checkbox"/> Youth (0-14) | |

CONTACT INFORMATION

Legal Name _____ Telephone # _____

Home Address _____ City _____ State ____ Zip _____

Email Address _____

FAMILY MEMBERS

Please list ALL members living in your household and under your care.

Legal Name	Age	Employer/School	Relationship to Primary
2.			
3.			
4.			
5.			
6.			
7.			
8.			

DESCRIPTION OF NEED FOR ASSISTANCE

In your own words, please explain why you should receive Financial Assistance at the YMCA. Please explain your financial situation.

Amount I can pay towards membership/program? \$ _____ *All applicants are asked to pay their fair share.*

_____/_____/_____
Date Applicant (Print) Applicant's Signature

Please return the application with one of the following forms of income for verification for every wage earner in the household:

- | | |
|--|---|
| <input type="checkbox"/> 1040 | <input type="checkbox"/> 3 Consecutive Check Stubs |
| <input type="checkbox"/> W2 | <input type="checkbox"/> Statement of Benefits (SSI/Disability) |
| <input type="checkbox"/> California Passport of Benefits | |

MEMBER SAFETY

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.

MEMBERSHIP AGREEMENT

- 1) I understand and agree that for security purposes, all dependent members must agree to be photographed prior to utilizing their membership benefits.
- 2) I have been issued a YMCA of the East Valley Code of Conduct and understand that it is my responsibility to ensure that each dependent member acts in accordance with these rules, as a failure to do so may result in expulsion from the YMCA and a revocation of membership.
- 3) Membership cards must be scanned at the designated check-in area to access our facilities. The replacement fee for a lost card is \$5.00. Membership cards remain the property of the YMCA of the East Valley and must be surrendered upon demand.
- 4) I grant the YMCA of the East Valley, its agents and the news media the right to photograph my dependent members, and to use the photographs for promotional or news purposes and the right to record our voices or to note our comments to use for promotional purposes on television, newspaper, magazine or radio news. I also warrant the rights granted herein do not conflict with any existing commitments on my part.
- 5) Property Loss: The applicant understands the of the East Valley is not responsible for personal property lost, damaged, or stolen items while using YMCA facilities or participating in YMCA programs.

____/____/____
Date

Participant/Parent or Guardian (Print)

Participant/Parent or Guardian Signature

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representative heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonable suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASE, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of release or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED expressly grants permission to the YMCA of the East Valley to photograph himself/herself and/or his/her children for publicity purposes.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statement or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

____/____/____
Date

Participant/Parent or Guardian (Print)

Participant/Parent or Guardian Signature



FINANCIAL ASSISTANCE AGREEMENT FORM

YMCA of the East Valley

By signing this form, I acknowledge that I am aware of the rules and procedures of the YMCA of the East Valley financial assistance program as listed under the YMCA of the East Valley Financial Assistance Guidelines. I am also aware that as a recipient of this scholarship I may be asked to share my story for the Annual Campaign.

I understand that to remain eligible for the financial assistance I have received; I must be a YMCA participant in good standing and comply with the following terms:

I have already provided my proof of household income with my Financial Assistance application and Financial Assistance has been granted for 6 months.

I will provide proof of household income within 30 days. I understand that if I do not return the appropriate proof of income (1040's, W-2's, 3 Consecutive pay stubs, or SSI/Disability letter) within 30 days, my membership will cancel.
My Proof of Income is due by: ___/___/___

1. I am responsible for turning in renewal information. Each financial assistance grant lasts for a six-month period. As a financial assistance recipient, I am responsible for turning in my renewal information with the proper documentation by the deadline. I understand that no financial assistance will be applied retroactively.
My renewal application is due by: ___/___/___

My signature below is an indication that I fully understand the above statements.

___/___/___
Date

Applicant (Print)

Applicant's Signature

YMCA Representative (Print)