

# SHEBOYGAN COUNTY YMCA FINANCIAL ASSISTANCE APPLICATION



This application is for: ☐ New Membership ☐ Renewal Membership ☐ Camp Y-Koda Assistance

## Name of Person Applying for Financial Assistance

Full Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_ ☐ M ☐ F ☐ Nonbinary

Why are you applying for financial assistance? \_\_\_\_\_

| Annual Gross Income |    |  | Assistance (not considered income) |    |  |
|---------------------|----|--|------------------------------------|----|--|
| Wages & Tips        | \$ |  | Child Support                      | \$ |  |
| Unemployment        | \$ |  | Food Share                         | \$ |  |
| Social Security     | \$ |  |                                    |    |  |
| Alimony             | \$ |  |                                    |    |  |
| Other Income        | \$ |  |                                    |    |  |
| <b>Total Income</b> | \$ |  |                                    |    |  |

Are you a single parent household?

☐ Yes

☐ No

Do you receive child support?

☐ Yes

☐ No

## In order to consider your application, we need ALL of the following information that applies to you.

- ☒ **Items that apply with necessary documentation. Incomplete applications are automatically denied.**
- ☐ Last year's 1040 federal tax form – the first two pages only. You can obtain a copy at [www.irs.gov](http://www.irs.gov). If you did not file taxes last year, please bring your Social Security award letter, IRS form 4506-T or reason you did not file.
- ☐ Social Security: your award letter for SSI or SSDI. You can obtain a copy at [www.socialsecurity.gov](http://www.socialsecurity.gov).
- ☐ Employment: **the last two (2) paystubs for every working adult in the household.**
- ☐ Unemployment: your latest award letter. You can obtain a copy at <http://dwd.wisconsin.gov/UI>
- ☐ Food Share: your latest award letter. You can obtain a copy at <https://access.wisconsin.gov>.
- ☐ Child Support: document showing amount paid in last month. Receive verification at <http://dcf.wisconsin.gov>.

## Important Information

- There are limited weeks available at Camp Y-Koda. Discounts are given off of the day camp fees.
- Financial assistance applications are reviewed within 14 days. You will be contacted by phone and/or email after it is reviewed.
- After review, applications will be held for 30 days. If you do not respond, application is shredded.

The application and supporting documentation may be returned to the Welcome Desk to the attention of Lindsey Nygaard at the Sheboygan YMCA or Ann Ertman at the Sheboygan Falls YMCA.

**I understand that a background check will be done prior to granting financial assistance.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## YMCA Use Only

Application reviewed on \_\_\_\_\_ by \_\_\_\_\_ ☐ Approved % \_\_\_\_\_ ☐ Denied

Notified on \_\_\_\_\_ Background checks completed on \_\_\_\_\_ by \_\_\_\_\_



## SHEBOYGAN COUNTY YMCA MEMBERSHIP APPLICATION

☐ Original Application    ☐ Membership Renewal    ☐ Membership Change

- **Adults age 18 and older must present driver's license or photo ID.**
- **Parent or guardian must complete membership application for minor children age 17 and under.**

**PLEASE PRINT CLEARLY**

☐ M   ☐ F

→ **Adult or Guardian Name** \_\_\_\_\_ ☐ Nonbinary

Birth Date \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Email \_\_\_\_\_

→ Please complete the following:

Partner's Full Legal Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Partner's Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Cell # \_\_\_\_\_

→ Children's Information

| Full Legal Name | Birth Date | M/F   | Full Legal Name | Birth Date | M/F   |
|-----------------|------------|-------|-----------------|------------|-------|
| _____           | _____      | _____ | _____           | _____      | _____ |
| _____           | _____      | _____ | _____           | _____      | _____ |
| _____           | _____      | _____ | _____           | _____      | _____ |
| _____           | _____      | _____ | _____           | _____      | _____ |

→ **Does anyone have a medical condition/allergy we should be aware of?** ☐ Yes ☐ No

Name \_\_\_\_\_ Condition or Allergy \_\_\_\_\_

Name \_\_\_\_\_ Condition or Allergy \_\_\_\_\_

Name \_\_\_\_\_ Condition or Allergy \_\_\_\_\_

→ **In case of emergency (please list someone not on application), please contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

→ **Has anyone listed on this application ever been convicted of a felony?** ☐ Yes ☐ No

If yes, please list name(s) \_\_\_\_\_

→ **Opt in to receive text messages about facility closures, reminders, and other updates?** ☐ Yes ☐ No

Message and data rates may apply. Message frequency varies. Text HELP for help. Text STOP to cancel.

I understand that a full background check will be completed. We reserve the right to deny access to the YMCA based on these results. If this membership application is falsified in any way, we reserve the right to deny or cancel the membership.

**Membership fees are non-refundable.** They may in most instances be transferred to another YMCA. I understand the Sheboygan County YMCA maintains insurance to cover its legal liability. It does not carry accident or health insurance to cover users in the instance of accident or injury.

When in the course of normal events or circumstances beyond our control, it is necessary to close sections of or the whole facility for cleaning, repairs, weather conditions or an emergency, a membership extension or refund is not granted.

→ **Signature of Applicant/Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

## SHEBOYGAN COUNTY YMCA MEMBERSHIP RATES

- Ala carte items are based on availability
- Family/Couples/Single Parent/1-child Join Fee \$30

### Monthly Membership Fee

|  |         |
|--|---------|
| <input type="checkbox"/> Preschool thru Age 6      | \$17.00 |
| <input type="checkbox"/> Grade/Middle School       | \$20.00 |
| <input type="checkbox"/> High School               | \$23.00 |
| <input type="checkbox"/> Young Adult, Ages 18 - 24 | \$41.00 |
| <input type="checkbox"/> Adult                     | \$48.00 |
| <input type="checkbox"/> Senior Adult, Age 65+     | \$43.00 |
| <input type="checkbox"/> Family                    | \$79.00 |
| <input type="checkbox"/> Single Parent/1 child     | \$71.00 |
| <input type="checkbox"/> Couples Only              | \$71.00 |

- Adult/Young Adult/Senior adult Join Fee \$25
- Preschool/Youth/High School Join Fee \$10

### Ala Carte Items at the Sheboygan YMCA

|  |             |         |
|--|-------------|---------|
| <input type="checkbox"/> Long Locker   | women       | \$10.00 |
| <input type="checkbox"/> Half Locker   | women       | \$6.00  |
| <input type="checkbox"/> 3-Foot Locker | men         | \$6.00  |
| <input type="checkbox"/> Towel Service | 2 per visit | \$10.00 |

### Ala Carte Items at the Sheboygan Falls YMCA

|  |             |         |
|--|-------------|---------|
| <input type="checkbox"/> Long Locker   |             | \$6.00  |
| <input type="checkbox"/> Towel Service | 2 per visit | \$10.00 |

Before completing your enrollment, please review the following important information:

- ☐ **Membership/Program Charges:** You are enrolling in a recurring payment plan. You are authorizing your Credit Card Company or bank to charge your account monthly for membership/programs fees. If said fees are declined for any reason, you will incur a \$10 NSF processing fee added to your monthly fees. You must pay both to bring your account current. You will be notified about the decline via email (1st option) or mail and have until the 10th of the following month to pay your NSF, if payment is not received, your membership will be cancelled. You will be responsible for paying all balance due fees before being able to restart membership, purchase a day pass, or register for programs. It is your responsibility to contact the YMCA within 30 days about any problems or discrepancies.
- ☐ **Billing Date:** Payments will be charged on the 20th of each month starting on the 20th of the month you signing up.
- ☐ **Rate Adjustment Policy:** The YMCA may periodically adjust membership and/or add on fees. If a fee increase is scheduled, the YMCA will provide at least 30 days written notice (by mail or email) before the new rate goes into effect. This notice will include the specific amount of the increase and the date when it begins. If you do not agree with the new rate, you can cancel your membership before the effective date.
- ☐ **Hold Policy:** You may request to put you membership on hold for up to 3 months (3 recurring payments) without an additional charge, however, anything longer than 3 months will require you to cancel the membership and re-join with all normal fees.
- ☐ **Cancellation Policy:** You can cancel your membership at any time. The cancellation process is simple and can be completed using the same method you used to enroll (online or in house). No additional fees will apply to cancellations, however, you may still be charged your monthly recurring fee depending upon when you cancel within the month.

### CHECKING OR SAVINGS ACCOUNT

Deduction Amount \$ \_\_\_\_\_ Bank Routing Number \_\_\_\_\_

☐ Checking Account # \_\_\_\_\_ ☐ Savings Account # \_\_\_\_\_

### CREDIT OR DEBIT CARD

Deduction Amount \$ \_\_\_\_\_ Credit or Debit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_ Name on Card \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **SHEBOYGAN COUNTY YMCA MEMBERSHIP RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

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

1. 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, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. **I expressly accept and assume all of the risks inherent in all activities or that might have been caused by the negligence of the Releases.** My participation in YMCA activities 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.
3. **I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releases from any and all claims, demands, or causes of action which are in any way connected with my participation in all activities, or my use of all equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct.** Should Releases 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.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in any/all activities, 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 YMCA activities, 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.
5. In the event that I file a lawsuit, I agree to do so in the state where Releases' facility is located, and I further agree that at the substantive law of that state shall apply.
6. 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.

**By signing this document, I agree that if I am hurt or my property is damaged during my participation in all activities, 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 YMCA activities might not be made available to me or that the cost to engage in these activities 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.**

**Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

### **PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (PRINT minor's name) being permitted to participate in YMCA activities, I further agree to indemnify and hold harmless Releases 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** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_