

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	\$		
Total Income	\$		

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. 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.
- 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

- Financial assistance is calculated off rates listed on membership application. It does not apply to ala carte items. The \$50.00 joiner fee on adult, couples and family memberships is waived if you qualify for financial assistance.
- 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.

SHEBOYGAN COUNTY YMCA FINANCIAL ASSISTANCE SCALE								
Annual Gross Income	Family Size							
	1	2	3	4	5	6	7	8+
\$55,001 - \$60,000	0%	0%	0%	0%	0%	0%	10%	20%
\$51,001 - \$55,000	0%	0%	0%	0%	0%	10%	20%	30%
\$48,001 - \$51,000	0%	0%	0%	0%	0%	20%	20%	30%
\$45,001 - \$48,000	0%	0%	0%	0%	10%	20%	30%	40%
\$42,001 - \$45,000	0%	0%	0%	10%	20%	30%	40%	50%
\$39,001 - \$42,000	0%	0%	10%	20%	30%	40%	50%	55%
\$36,001 - \$39,000	0%	10%	20%	30%	40%	50%	55%	65%
\$33,001 - \$36,000	10%	20%	30%	40%	50%	55%	65%	65%
\$30,001 - \$33,000	20%	30%	40%	50%	55%	65%	65%	65%
\$27,001 - \$30,000	30%	40%	50%	55%	65%	65%	65%	65%
\$24,001 - \$27,000	40%	50%	55%	65%	65%	65%	65%	65%
\$21,001 - \$24,000	50%	65%	65%	65%	65%	65%	65%	65%
\$17,001 - \$21,000	65%	65%	65%	65%	65%	65%	65%	65%
Below \$17,000	65%	65%	70%	75%	75%	75%	75%	75%

Based on the federal eligibility income chart used by the SASD

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:

Spouse's Full Legal Name _____ Birth Date _____

Spouse's Email Address _____

Place of Employment _____ Cell # _____

→ Children's Information

Full Legal Name	Birth Date	M/F	School	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

→ **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 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.

Monthly Membership Fee

<input type="checkbox"/> Preschool thru Age 6	\$15.00
<input type="checkbox"/> Grade/Middle School	\$18.00
<input type="checkbox"/> High School	\$21.00
<input type="checkbox"/> Young Adult, Ages 18 - 24	\$39.00
<input type="checkbox"/> Adult	\$46.00
<input type="checkbox"/> Senior Adult, Age 65+	\$41.00
<input type="checkbox"/> Family	\$77.00
<input type="checkbox"/> Single Parent/1 child	\$69.00
<input type="checkbox"/> Couples Only	\$69.00

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	\$7.00

Ala Carte Items at the **Sheboygan Falls YMCA**

<input type="checkbox"/> Long Locker		\$6.00
<input type="checkbox"/> Towel Service	2 per visit	\$7.00
<input type="checkbox"/> 24/7 Fob Access		\$10.00
<input type="checkbox"/> 24/7 Fob Access 2 Adults		\$15.00

**AUTHORIZATION FOR AUTOMATIC DEDUCTION FROM:
CHECKING OR SAVINGS ACCOUNT • CREDIT OR DEBIT CARD**

I, whether one or more, hereby authorize the Bank designated below (the "Bank") to charge my account, designated below **on the 20th day of each month**, commencing on the first of such days to occur after the date of this Authorization and transmit to the Sheboygan County YMCA. The monthly amount of the membership fee is subject to change at any time with sufficient written notice (30 days) to me by the Sheboygan County YMCA.

This authority will remain in effect until **revoked by me in writing prior to the 10th of the month in which I request cancellation of the membership, after 3 months of membership dues paid.** I acknowledge that such notification will not be in effect until the Sheboygan County YMCA has had a reasonable opportunity to act on it. It is my responsibility to check my bank statements. It is my responsibility to notify the Y within 30 days of any problems or discrepancies.

- If your checking or savings account does not cover your monthly membership fees or if your credit/debit card is declined, a \$10.00 processing fee will be added to your monthly membership fee.**
- You have until the 10th of the following month to pay your NSF charge. If payment is not received, your membership will be cancelled.
- You will still be responsible for paying your membership fee and our processing fee before restarting your membership.

CHECKING OR SAVINGS ACCOUNT

Please check the box to indicate the bank where your checking or savings account is maintained.

<input type="checkbox"/> Associated Bank	<input type="checkbox"/> Kohler Credit Union	<input type="checkbox"/> U S Bank
<input type="checkbox"/> BMO Harris	<input type="checkbox"/> Oostburg State Bank	<input type="checkbox"/> Wells Fargo
<input type="checkbox"/> Guaranty Bank	<input type="checkbox"/> Sheboygan Area Credit Union	<input type="checkbox"/> Wisconsin Bank and Trust
<input type="checkbox"/> Johnson Bank	<input type="checkbox"/> United One Credit Union	<input type="checkbox"/> Other _____

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** _____

Pay your membership fees in full for one year to receive a 5% discount off the total annual fee!

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** _____