



Membership Financial Assistance Application
Mankato Family YMCA

Date Received
Member ID
Staff

- ☐ Applicants must provide their most recent income tax return [1040] showing household gross income, filing status, and household dependents. If an applicant is not required to file taxes, provide a statement of government benefit payments [SSA, SSI, etc.]. *W2s, paystubs, food support benefits, personal stories, etc. may be provided as supporting documents.*
- ☐ This application must be completed entirely and will not be processed without proper documentation. The approval process may take up to 10 business days from the date received. If you have questions or would like to set up a personal interview, please contact Ashley Dahlman fa@mankatoymca.org.
- ☐ For a faster approval process, please provide your email on the application below.

Select Membership Type

☐ Youth (0-17)

☐ Adult (18-61)

☐ Family (Up to 2 adults 24+ & household dependents 0-23)

☐ Senior (62+)

☐ Senior Couple (2 adults 62+)

Primary Member: Adult 18+ responsible for membership

First Name	M	Last Name	Gender	Date of Birth		
Address		City	State	Zip		
Home Phone	Cell	Employer				
Email	Emergency Contact First & Last Name		Emergency Contact #			
Ethnicity	Alaskan Native	Asian/Pacific Islander	African American/Black	Hispanic	Native American	Somali
	Sudanese	Caucasian/White	Unspecified	Other_____		

Second Household Adult

First Name	M	Last Name	Gender	Date of Birth		
Home Phone	Cell	Employer				
Email	Relation to Primary					
Ethnicity	Alaskan Native	Asian/Pacific Islander	African American/Black	Hispanic	Native American	Somali
	Sudanese	Caucasian/White	Unspecified	Other_____		

Household Dependents: Dependents ages 0-23 years

First Name	Last Name	Birth Date	Gender	Ethnicity	Relation to Primary

1. Have you applied for membership assistance at the Mankato Family YMCA before? Yes or No

2. Are you currently employed? Yes or No

3. Are other household adults currently employed? Yes or No

4. Please circle your current annual household income level. This amount may be different than last year.

- | | |
|----------------------|---|
| a. \$0 - 12,999 | g. \$50,000 - 59,999 |
| b. \$13,000 - 18,999 | h. \$60,000 - 69,999 |
| c. \$19,000 - 24,999 | i. \$70,000 - 79,999 |
| d. \$25,000 - 32,999 | j. \$80,000 - 89,999 |
| e. \$33,000 - 37,999 | k. Other - Please indicate the amount \$_____ |
| f. \$38,000 - 49,999 | |

5. Please itemize your current monthly household income. This amount may be different than last year.

- | | |
|---|---------|
| a. Wages, salaries, and tips | \$_____ |
| b. Unemployment compensation | \$_____ |
| c. Social security compensation | \$_____ |
| d. Child support or alimony (receive / pay out) | \$_____ |
| e. Other _____ | \$_____ |
| Total Monthly Income | \$_____ |

6. Please share your reason(s) for applying for YMCA financial assistance. Please include any and all relevant details about recent life changes or anything you deem important.

For example, medical, a recent separation, job loss, caring for an elderly parent, etc. Please attach if additional space is needed.

7. What is the monthly amount you feel you can pay for a YMCA membership? \$ _____

8. Please circle your preferred payment type.

- a. Monthly auto draft from account or card. Payment is drafted on the 20th of the month.
- b. Quarterly installments. Pay by cash, check or card every three months.
- c. Annual payment. One-time payment by cash, check or card.

[Don't forget your signature on the last page!]

Membership for All

The Mankato Family YMCA makes every effort to provide access to our facility for all who wish to participate. Our financial assistance program is generously supported in part through individual and corporate contributions to our annual **Strong Community Campaign & the Mankato Area United Way**. Financial assistance is given to those in need within our available resources. This application enables us to fairly and consistently provide aid to those who truly need our support and enables us to report accurate statistics to the community, our donors and to the United Way on how our funds are being utilized.



Applicant Agreement

I understand I must provide a copy of my previous year's tax return showing my adjusted gross income or a social security benefits verification letter with my application. I understand no applications will be reviewed without accompanying verification of all household income. ALL adults on this application must acknowledge their contribution to household income. The information I have provided on this form is true, accurate and complete. I agree to provide additional documentation to verify financial need if necessary.

Electronic Funds Transfer (EFT) or Credit/Debit Card Authorization

All membership funds will automatically be drawn on the draft date of the 20th or after of each month. All returned payments may be subject to a \$30 service fee. I authorize my bank or credit card institution to honor preauthorized Electronic Funds Transfer (EFT) drawn by the Mankato Family YMCA on my account for payments as indicated by designated draft date. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank or credit card institution, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

Cancellation & Refunds Agreement

I understand to terminate my membership; **I must provide the Mankato Family YMCA 15 days written notice prior to the next payment.** Failure to give written termination notice will result in fees being non-refundable. If I wish to join the YMCA again, and more than 30 days passes since my last active membership, I understand I will be required to pay a new joining fee. I understand I (we) must be a member for the duration of any programming and I will be billed for the non-member rate of any program I (we) am (are) registered for. Membership refunds are only permitted when there are extenuating circumstances that limit you from notifying the YMCA of your cancellation. These would need to be accompanied by proper documentation (i.e. doctor's note, orders, etc.). If you were incorrectly charged due to the YMCA's failure to cancel, a full refund will be given as long as the refund is accompanied by proper documentation (i.e. cancel form, email, etc.) Under these circumstances, the Mankato YMCA will not refund more than six months of membership at any given time. In the case that you receive a scholarship through our Financial Assistance program and you have been alerted that your rate will be expiring and have failed to provide renewal documentation, no refund will be given.

Rate Change

All membership rates are subject to change with 30 days written notice. These rates are approved by the YMCA Board of Directors and are calculated to cover operating, maintenance and improvement expenses. Rates are to be adjusted one time for members regardless of when they join the Y. Notice of rate change will be posted on the website, in our brochure, and around the facility.

Right to Deny Access

I acknowledge the Mankato Family Y reserves the right to deny access or refuse service to any person convicted of any offense related to violent crime, the sale, possession, and/or transportation of illegal substances. This also applies to if you are under the influence of illegal drugs or chemicals, narcotics or intoxicating beverages while on the premises. 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, and remove visitation access.

Membership Agreements and Policies

The YMCA membership is a continuous membership plan. I understand that this membership will remain in effect for as long as I retain the membership card issued to me. I further understand that membership dues are non-refundable. Membership cards are the property of the YMCA and must be surrendered upon demand. Membership cards are member specific. A hold will be applied to your membership if misuse is suspected. I understand it is my responsibility to notify the YMCA of any change in address, bank account information (if utilizing bank draft for payment of dues) or credit card information / expiration date (if utilizing credit card for payment of dues). The joining fee is a one-time fee as long as I remain an active member of the Mankato Family YMCA. If I choose to cancel or discontinue my membership for more than 30 days, a joining fee will be charged when I reapply for membership. I understand that the YMCA has the sole authority to terminate any membership with or without notice to ensure the safety and comfort of the general membership. The YMCA reserves the right to review any membership application and deny membership to any member who may pose a potential threat to the security and/or safety of other members. Registered sex offenders are prohibited from participating. I will request the new member guide that communicates all of the benefits of a YMCA membership. I further understand that YMCA management has the authority to amend policies and procedures at any time to ensure the delivery of the highest possible services to the general membership. **I understand I will adhere to the YMCA Code of Conduct and follow YMCA Policies. View full list of YMCA Code of Conduct and Policies here <https://mankatoymca.org/policies/>.**

Mankato Family YMCA Child Abuse Prevention Policies and Procedures

The Mankato Family YMCA Child Abuse Prevention Policies and Procedures can be found online at <https://mankatoymca.org/policies/>.

Mankato Family YMCA Child Abuse Prevention Policy Agreement

I acknowledge that I have access to and will review the Mankato Family YMCA Child Abuse Prevention Policies and Procedures. I agree to comply with the Mankato Family YMCA's Child Abuse Prevention Policies and Procedures.

Nationwide Membership Agreement

Nationwide Membership is valid for active, full facility YMCA members whose home Y participates without restriction or blackout periods. Nationwide member visitors must use their home Y at least 50% of the time. Program-only participants (including Silver Sneakers, Silver and Fit or other like programs) are not eligible for nationwide membership. Special memberships established by any Y for group homes, other agencies, etc., are not eligible. When visiting a Y, nationwide members will be required to show a valid YMCA membership card and photo ID as well as provide basic membership data such as name and email address. Members will need to sign a universal liability waiver and privacy policy. Ys should allow nationwide members access to services typically offered to full-facility members. Check with the Y for schedule and availability. Nationwide members visiting other Ys for a period greater than 28 days must transfer membership affiliation for continued use.

All Ys reserve the right to restrict or revoke these privileges. Registered sex offenders are prohibited from participating. 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 from any liability for other claims, including loss of property, to the fullest extent of the law.

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned, and any others acting upon their behalf, from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA as written in the YMCA seasonal brochure. The YMCA reserves the right to take photographs of adults and children participating in YMCA programs to be used in promotional materials.

Mankato Family YMCA Release & Waiver of Liability and Indemnity Agreement

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING MANKATO FAMILY YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk I acknowledge and agree that any use of Mankato Family YMCA facilities, services, equipment and premises ("Facilities") and any participation in Mankato Family YMCA programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue In consideration of the use of Facilities and participation in Programs I, the undersigned, agree that Mankato Family YMCA, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs. I further agree, on behalf of myself and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to **INDEMNIFY AND HOLD HARMLESS** releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

Membership Add-Ons

Towel & Locker service provides two shower towels per visit & a personal combination locker. Financial assistance is not applied to Towel & Locker add-ons. Please see the front desk for more information.

Photo ID

The Mankato Family YMCA requires individuals ages 18 and older to have a government issued photo ID on file. Please be prepared to show ID upon membership activation or your first visit.

Primary Print Name _____ **Date** _____

Primary Signature _____

(Primary must be 18+)

OFFICE USE ONLY		
Staff:	Date:	
Membership Type:	FA Percentage:	Monthly Rate: