



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# MEMBERSHIP APPLICATION

NEW CASTLE COMMUNITY YMCA

How did you hear about the Y? \_\_\_\_\_

Which facilities/programs do you plan to use? \_\_\_\_\_

## MEMBERSHIP TYPE YOU ARE SEEKING

Date of Application \_\_\_\_\_ Type of Membership \_\_\_\_\_

## PRIMARY MEMBER CONTACT INFORMATION

\_\_\_\_\_  
Name of Primary Member Date of Birth Sex

### Address:

\_\_\_\_\_  
Number & Street City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Employer: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Business Phone)

School & Grade \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Cell Phone

I describe my ethnicity/race as (optional) \_\_\_\_\_

## ADDITIONAL FAMILY MEMBERS

\_\_\_\_\_  
Name Relationship Date of birth Sex Employer/School & Grade

\_\_\_\_\_  
Name Relationship Date of birth Sex School & Grade

\_\_\_\_\_  
Name Relationship Date of birth Sex School & Grade

\_\_\_\_\_  
Name Relationship Date of Birth Sex School & Grade

In Case of Emergency, please notify: \_\_\_\_\_  
Name Phone #



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# **RELEASE & WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

## **New Castle Community YMCA**

In consideration of being permitted to enter the YMCA or the premises of a YMCA program for any purpose, including, but not limited to observation, use of facilities or equipment or participation in any way, the undersigned hereby acknowledges, agrees and represents that he or she has or immediately upon entering will inspect such premises and facilities. It is further warranted that such entry in the YMCA for observation, participation or use of any facilities or equipment constitutes an acknowledgement that such premises and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for the purposes of such observation or use.

In further consideration of being permitted to enter the YMCA or premise for any purpose including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned hereby agrees to the following:

The undersigned hereby releases, waives, discharges and covenants not to sue the YMCA (hereinafter referred to as releasees) from all liability to the undersigned 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 negligence of the releasees or otherwise, while the undersigned is in, upon, or about the premises or any facilities or equipment therein.

The undersigned hereby agrees to indemnify and save and hold harmless the releasees 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 whether caused by the negligence of the releasees or otherwise.

The undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage due to the negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment hereon.

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 Pennsylvania 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 has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representation, statements or inducement apart from the foregoing written agreement have been made. I have read this Release.

\_\_\_\_\_  
Name of Applicant (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant (or parent/guardian if under 18)

\_\_\_\_\_  
Date

### **NEW CASTLE COMMUNITY YMCA**

20 West Washington Street, New Castle, PA 16101

**P** 724.658.4766 **F** 724.658.4760 [www.ncymca.org](http://www.ncymca.org)



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## New Castle Community YMCA Code of Conduct – Zero Tolerance Policy

The New Castle Community YMCA is committed to providing a safe and wholesome atmosphere for all people to enjoy. Therefore, **inappropriate behavior will not be tolerated**. Any person who engages in any activity deemed to be a serious breach of our Code of Conduct while in any of our facilities or programs shall have their membership and/or program participation privileges suspended or revoked **without warning** as described below.

Inappropriate conduct includes, but is not limited to:

- Consumption of alcoholic beverages
- Excessive expression of profanity or vulgarity
- Fighting
- Intentional destruction or defacing of property
- Theft
- Sexual activity
- Possession of weapons or illegal drugs
- Indecent exposure
- Sneaking into the facilities or assisting those trying to sneak in
- Any verbal or physical abuse directed at YMCA employees, volunteers, members or program participants

### Penalty

Any offense under this policy will result in a **ninety day suspension**. The member will not receive any credit or refund for prepaid dues or fees. If after the ninety days are up and the member returns and commits another infraction, his or her membership will be revoked indefinitely.

***I understand and agree to the terms above:***

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Member's Name

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Member's Signature

---

Date

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## Access/Membership Policy Restrictions

The protection of members and guests who are participating in programs or using YMCA facilities is of paramount concern to the staff of the new Castle Community YMCA. Therefore, we reserve the right to deny access or membership to any person who:

- Is a registered sex offender;
- Has plead guilty to or been convicted of any crime involving sexual abuse;
- Has plead guilty to or been convicted of any crime against persons such as child, spousal or parental abuse;
- Has plead guilty to or been convicted of any offense relating to the sale or transportation of illegal narcotic, habit forming, or dangerous drugs;
- Is presently clearly under the influence of intoxicating beverages or behavior modifying drugs

***I understand and agree to the terms above:***

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Member's Name

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Member's Signature

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Date

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## New Castle Community YMCA AUTOMATED MONTHLY DRAFT AGREEMENT

Our goal is to serve our members the very best that we can and to make your membership with us as enjoyable and beneficial as possible. The New Castle Community YMCA offers automated monthly draft via your bank or credit card as a service to our members.

Please read the agreement stated below and we will be happy to answer any questions that you might have.

I am choosing Automated Monthly Draft as a method of payment for my New Castle Community YMCA membership. **I understand that this membership is for a one-year period and that my bank account or credit card will be drafted on the 5<sup>th</sup> of each month until I choose to cancel. I may do so by notifying the New Castle Community YMCA in writing the month prior to the next draft date. This may be done by fax, letter, email or completing a cancellation form. In addition, if I would like to make any changes to my membership, I must provide written notice one month in advance of the next draft.**

**Automated Monthly Draft is perpetual and will continue to draft monthly after the first year until such time that I choose to discontinue my membership to the New Castle Community YMCA by notifying the Y as described above. If I choose to cancel my membership prior to the end of my first year of membership, I will be assessed a \$20 penalty fee, due at time of cancellation.**

The New Castle Community YMCA will notify all automated monthly drafted members of any rate changes, at least one month prior to the change.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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# ACTIVITY READINESS ASSESSMENT

## NEW CASTLE COMMUNITY YMCA

***Please read all questions in this section. For your privacy, this information will be seen and used by YMCA staff only.***

- |     |    |  |
|-----|----|--|
| Yes | No | Do you get chest pains while at rest and/or during exertion?   |
| Yes | No | Have you ever had a heart attack?  |
| Yes | No | Are you under a doctor's care for high blood pressure?   |
| Yes | No | Do you have diabetes?  |
| Yes | No | Do you frequently experience fast, irregular heartbeats or, at the other extreme, very slow heartbeats?  |
| Yes | No | As an adult, have you ever had a fracture to the hip or spine?   |
| Yes | No | Are you short of breath after mild exertion, at rest or in bed?  |
| Yes | No | Do you have open cuts on your feet that do not seem to heal?   |
| Yes | No | Have you experienced an unexplained weight loss or ten (10) pounds or more in the past six (6) months?   |
| Yes | No | Do you have any heart or circulatory conditions, such as vascular disease, stroke, chest pain, congestive heart failure, poor circulation to the legs, valvular heart disease, clots, or lung disease? |
| Yes | No | Have you fallen more than twice in the past year?  |
| Yes | No | Has it been a year or more since you have engaged in an exercise program?  |
| Yes | No | Has it been longer than one year since you have seen your physician?   |
| Yes | No | Is your physician aware of the conditions marked "yes" above?  |
| Yes | No | Has your physician given you approval to participate in unrestricted physical activity & exercise?   |

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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