



Caring For People Sponsored Membership

The Y: We're for youth development, healthy living and social responsibility.

All proof of income, & proof of household occupancy must accompany the completed sponsored application. You will be notified of your subsidy rate and when your first payment is due. All income verification documents are treated with utmost confidentiality.

Memberships can be paid by EFT (monthly draft), Quarterly, Semi Annual or Annually, or in person at the front desk, it will be your responsibility to make your payment between the 1st and the 5th of the month. If a payment is more than 60 days past due, the membership will automatically be terminated. Any past dues will need to be paid in order to reactive membership or if you need to reapply.

All sponsored membership will be reviewed on an annual basis. Please contact us with any changes to your financial situation. All sponsored memberships are subject to the same cancellation policy as regular memberships.

→ Please submit a copy of:

- **Current Year's Income Tax Return for verification of dependents and income**
- **Driver's license or Photo ID Card**
- Any of the following document that apply:
 - ❖ Recent Pay Stub / Letter from Employer
 - ❖ SSI / Disability
 - ❖ Unemployment
 - ❖ Child Support / Alimony
 - ❖ DCF / TAF / Cash
 - ❖ Food Stamps
 - ❖ Student Loans / Grants
 - ❖ Full Time Students (15 and above)
 - ❖ Other Income



CARING FOR PEOPLE Sponsored Membership Program

Date _____

Primary Name _____

2nd Adult Name _____

DOB: _____ Male / Female

DOB: _____ Male / Female

Street Address _____

City/State _____

Zip Code _____

Emergency Contact: _____ Phone #: _____

Membership Category <input type="checkbox"/> Adult (18 & Over) <input type="checkbox"/> Single-Parent Family <input type="checkbox"/> Family	Home Branch <input type="checkbox"/> Downtown <input type="checkbox"/> Kuehne <input type="checkbox"/> Southwest	Telephone # ____ - ____ - ____ (Primary) Telephone # ____ - ____ - ____
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TOTAL HOUSEHOLD INCOME MUST BE REPORTED

Employer: _____	Employer _____
Hours Per Week _____ FT PT	Hours Per Week _____ FT PT
Hourly Pay Rate _____	Hourly Pay Rate _____
How Often Paid _____	How Often Paid _____

TOTAL HOUSEHOLD INCOME (ANNUALLY)

SSI / Disability \$ _____

Unemployment \$ _____

Child Support \$ _____

Alimony _____

DCF / TAF / Cash \$ _____

Food Stamps \$ _____

Student Loans \$ _____

Grants \$ _____

Other \$ _____

TOTAL HOUSEHOLD INCOME ANNUALLY \$ _____

DEPENDENTS
20 Years Old And Under (Must Be Full Time Students)

Name	DOB	Relationship
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

TOTAL # DEPENDENTS (INCLUDING SELF) _____

Staff Initials: _____

Member / Unit ID #: _____



AUTHORIZATION AGREEMENT FOR DIRECT MEMBERSHIP PAYMENTS (ACH/EFT DEBITS)

I hereby authorize the YMCA to initiate debit entries to my checking or savings account indicated below at the depository named below, hereinafter DEPOSITORY, to debit the same such account.

This authorization is to remain in full force and effect until the YMCA has received a signed cancellation form and/or provide a written notice from me - **NO LESS THAN 30 DAYS IN ADVANCE OF NEXT AUTOMATIC WITHDRAWAL.**

Name _____
First Last Middle Initial

Address _____

Depository (Bank) Name _____

Depository (Bank) Address _____

Savings Routing # _____

Checking Account # _____

ACH / EFT Withdrawal **1st** of the month
&
Must attach a Voided Check

OR

Visa MasterCard Discover American Express

(Please circle one)

Card Number _____ Exp. Date _____ Code _____

NOTE: THE MEMBER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR (YMCA) BY SIGNING A CANCELLATION FORM AND/OR PROVIDE A WRITTEN NOTICE

YMCA Membership is a continuous membership.

I understand that if I wish to terminate my membership. I must complete a cancellation form and/or provide a written notification 30 days prior to my next bank draft date, and/or payment. _____ Initials

Should I terminate my membership, I have the responsibility to check my bank statement to confirm that drafts have been stopped at the appropriate date. _____ Initials

If your ACH / EFT debits is returned unpaid, it will be collected electronically and you will be assessed a Minimum fee of \$30.00. Check writer is also responsible for all other collection costs. If your ACH / EFT debits is returned from your bank, for any other reasons, you are still responsible for the payment to the YMCA. _____ Initials

The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership.

Date _____ Signature _____

YMCA OF TOPEKA KANSAS DOWNTOWN • KUEHNE • SOUTHWEST

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 such participating children and any personal representatives, 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 acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably 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 RELEASES, WAIVES DISCHARGES AND CONVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "YMCA") 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 the death of the undersigned, whether caused by the negligence of the YMCA 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 YMCA 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 YMCA 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 Kansas 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 representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Date: _____ Print Name: _____

Signature: _____

Additional Adult on the Membership Print Name: _____

Signature: _____

Photo Waiver

I (We) hereby grant the YMCA of Topeka Kansas full rights to copyright, exhibit, and publish in any medium including, but not limited to, editorial, illustration, promotion, advertising, Internet, or trade all photographs taken by the YMCA or its agents of me at any YMCA location or child care sites, YMCA Camp locations, or youth, teen, after-school, adult, family or active older adult program locations.

Initials _____

Initials _____

YMCA OF TOPEKA KANSAS

DOWNTOWN • KUEHNE • SOUTHWEST

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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 YMCA or otherwise.
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I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Date: _____ Signature of Applicant/Parent _____

Name of Child in Program

Name of Child in Program

Name of Child in Program

Name of Child in Program

Name of Child in Program

Name of Child in Program

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Initials _____