



Dear New Member,

We can't tell you how excited we are that you have become a member at your YMCA of Harrison County! As you will find out your YMCA is a place where all can feel welcome and truly belong. It thoroughly communicates the message that Ys are much more than an exercise facility, providing ways for people to enrich their own lives, life with their families, and life within their communities.

For nearly 160 years, the YMCA movement has been guided by its founding purpose to build a society based on Christian principles. To accomplish its mission, the movement established these goals for YMCA members:

- To develop appreciation of one's own worth
- To develop a faith for daily living
- To grow as a responsible family member and community citizen
- To achieve and maintain physical fitness and mental well-being
- To recognize the worth of all persons
- To develop capacities for leadership

The YMCA movement has always had a broader mission of developing healthy spirit, mind, and body—for everyone. Since their founding, YMCAs have offered programs that enable individuals to strengthen their spiritual, mental and physical well-being. Today, YMCAs are the nation's largest providers of health and well-being programs. All are welcome at their neighborhood YMCA, regardless of age, race, sex, faith, background, ability or income.

America's YMCAs are committed to engaging 25 million children and adults from all segments of our communities in achieving health of spirit, mind and body by 2012. Your YMCA of Harrison County serves all who wish to participate; the youth, the poor, families and business executives. This mixture of people and cultures makes YMCAs, and the communities they serve, stronger. The YMCA mission has not changed; how that mission is carried out never stops changing.

All of the staff here at your YMCA of Harrison County welcomes you. If you have questions or concerns please feel free to stop one of us and ask. If you don't have questions stop one of us and talk anyway!

As always, we look forward to serving you and your family.

*Robin Bays*

**Member Services Director**



## YMCA of Harrison County Membership Application

<b>First</b> _____		<b>Last</b> _____		<b>Middle</b> _____	
Preferred Name: _____			Gender ( circle one) M or F		
Address _____			Home Phone _____		
City _____	State _____	Zip _____	Cell Phone _____		
Email _____			Emergency Phone _____		
Date of birth _____			Emergency Contact _____		

**\*\*How did you hear about the YMCA of Harrison County?** \_\_\_\_\_

### Membership Type (choose option)

- |  |  |
|--|--|
| <p><b>HARRISON COUNTY MEMBERSHIP</b></p> <p><input type="checkbox"/> Student: Up to 22 yrs. Old &amp; full time student</p> <p><input type="checkbox"/> Adult: 18 &amp; over</p> <p><input type="checkbox"/> Senior: 62 &amp; over</p> <p><input type="checkbox"/> Household: ← All individuals residing at same legal residence →</p> | <p><b>LOUISVILLE METRO MEMBERSHIP</b></p> <p><input type="checkbox"/> Youth: Under 18 yrs.old</p> <p><input type="checkbox"/> Adult: 18 &amp; over</p> <p><input type="checkbox"/> Senior: 62 &amp; over</p> <p><input type="checkbox"/> Metro Household</p> |
|--|--|

**A separate health screen form should be completed by each member**

Member Number	Name of Additional Household Members Name (First, Last & Middle)	Relationship	Date of Birth	M/F

**Payment Options:**

- Annually:** Payment of non-refundable joining & annual fee is due in full at time of joining:
- Check       Cash
- Credit Card
- Monthly:** 1st month's payment & non-refundable joining fee, due at time of joining:
- Check
- Credit Card

AT TIME OF

New member fee: \_\_\_\_\_

1st Month/annual \_\_\_\_\_

**Future monthly payments may be made by:**

- Monthly bank draft:** will be deducted on the 1st of each month for payment of that month's membership
- Credit Card:** billing the current month's fee to your credit card on the 1st of each month

In consideration of my participation in the activities of the YMCA of Harrison County, and intending to be legally bound, I hereby waive, release, hold harmless, covenant not-to-sue, and forever discharge any and all rights, actions and claims of negligence that I or my heirs, executors, trustees, agents, employees, representatives, successors, assigns and affiliates for death, injury loss, and any and all damages that I may sustain and/or suffer in connection with any participation. I also agree to indemnify the YMCA of Harrison County for any defense, cost, or expense arising out of any claim of damages, injury, or death arising from my participation in this program. I am physically fit, legally competent, and free participating in this activity at my own risk.

Any person who supports the purpose of the YMCA of Harrison County may become a member of the organization. The YMCA of Harrison County reserves the right to, at any time, check it's membership and class rolls against a listing of registered sex offenders. Any member or class participant that appears on the registered sex offender list shall have their membership terminated and class participants will be removed from class immediately by the YMCA of Harrison County. Membership may also be terminated at the sole discretion of the YMCA or any of its authorized agents for failure of any member or class participant to live up to the standards and commitments of being a member/class participant of the YMCA of Harrison County.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_



**OFFICE USE ONLY:** Paid \$ \_\_\_\_\_ on \_\_\_\_\_ (date) \_\_\_\_\_ Staff Initials \_\_\_\_\_

(Circle One) VISA - MC - AMEX - DISCOVER - CASH - CHECK # \_\_\_\_\_





Please complete this side for checking or saving electronic transfer. Use other side for credit cards.

# YMCA Bank Draft Form

Authorization to draw ACH Debits for membership payments

Member # \_\_\_\_\_

Open Door % \_\_\_\_\_

**Membership Type (choose ONE option)**

**HARRISON COUNTY MEMBERSHIP**

- Household: **\$49** per month
- Adult: **\$30** per month
- Senior: **\$26** per month
- Student: **\$20** per month

**LOUISVILLE METRO MEMBERSHIP**

- Metro Household: **\$80** per month
- Adult: **\$52** per month
- Senior: **\$47** per month
- Youth: **\$32** per month

I want to donate \$\_\_\_\_\_ each month to help a child become a member &/or participate  
**\*\*Please remember every dollar counts and every dollar is a tax free gift.**

Draft Date: 1st or 15th - Circle One

Name of Account Holder: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account #: \_\_\_\_\_

Routing # (lower left corner of check): \_\_\_\_\_

Type of Account: circle one **Savings** or **Checking**

Drivers License #: \_\_\_\_\_

## Please attach a voided check or voided savings deposit slip!

### YMCA Y-Bank Membership Agreement

1. It is my complete understanding that if I wish to terminate or change my membership in any way, I must give written notice to the YMCA by the last day of the month.

**Metro membership must terminate their membership at YMCA of Harrison County.**

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

3. Should any membership payment not be honored by my bank for any reason, I realize that I am still responsible for that payment plus a \$20 service charge applied at the YMCA. This is in addition to any service fee my bank may make.

4. Membership cards remain the property of the YMCA and must be surrendered upon demand by that institution.

By signing, I have read and agree to the above and authorize the YMCA of Harrison County to initiate debit entries to my account on the 15th of each month.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Please complete this side for credit card billing.
Use other side for checking or saving electronic transfer.

YMCA Automatic Credit Card Billing Form

Authorization to charge credit card for membership payments

Unit ID: \_\_\_\_\_

Open Door % \_\_\_\_\_

Membership Type (choose ONE option)

HARRISON COUNTY MEMBERSHIP

- Household: \$49 per month
Adult: \$30 per month
Senior: \$26 per month
Student: \$20 per month

LOUISVILLE METRO MEMBERSHIP

- Metro Household: \$80 per month
Adult: \$52 per month
Senior: \$47 per month
Youth: \$32 per month

I want to donate \$\_\_\_\_\_ each month to help a child become a member &/or participate in programs.

\*\*Please remember every dollar counts and every dollar is a tax free gift.

Credit Card Type: [ ] Visa [ ] Mastercard [ ] American Express [ ] Discover

\*\*Debit Y or N

Draft Date: 1st or 15th - Circle One

Name on Card: \_\_\_\_\_

Billing address on card: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

YMCA Credit Card Membership Agreement

1. It is my complete understanding that if I wish to terminate or change my membership in any way, I must give written notice to the YMCA by the last day of the month.

Metro membership must terminate their membership at YMCA of Harrison County.

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

3. Should any membership payment not be honored by my credit card for any reason, I realize that I am still responsible for that payment plus a \$20 service charge applied at the YMCA. This is in addition to any service fee my credit card company may make.

4. Membership cards remain the property of the YMCA and must be surrendered upon demand by that institution.

By signing, I have read and agree to the above and authorize the YMCA of Harrison County to initiate credit card charges to my account on the 15th of each month.

Signature \_\_\_\_\_

Date \_\_\_\_\_

YMCA of Harrison County  
Member's Code Of Conduct

The YMCA is committed to providing a safe and welcoming environment for all members and guests. To promote safety and comfort for all, all individuals are asked to act appropriately at all times when in our facility or participating in our programs.

We expect persons using the YMCA of Harrison County to act maturely, to behave responsibly, and to respect the rights and dignity of others. Our Member's Code of Conduct outlines prohibited action, but the actions listed below are not an all-inclusive list of behaviors considered inappropriate in our facilities or programs.

- Using or possessing alcohol or illegal chemicals on YMCA of Harrison County property or YMCA of Harrison County sponsored programs.
- Smoking on YMCA of Harrison County property-the YMCA of Harrison County and its property is a smoke-free environment.
- Carrying or concealing a weapon or any device or object that may be used as a weapon.
- Harassment or intimidation by words, gestures, body language, or any type of menacing behavior.
- Physical contact with another person in an angry, aggressive, or threatening way.
- Verbally abusive behavior, including angry or vulgar language, searing, name-calling, or shouting.
- Sexually explicit conversation or behavior; any sexual contact with another person.
- Inappropriate, immodest, or sexually revealing attire.
- Theft or behavior that results in the destruction or loss of property.
- Loitering within or on the grounds of the YMCA of Harrison County.

Video recorders, cameras, or any other visual recording devices are not allowed within the YMCA without the express written consent of the Executive Director. Some cell phones now have the capacity to take pictures. To protect the members and guests from unauthorized photos the YMCA has developed a policy of limiting the use of cell phones to the front lobby. Use of cell phones through the rest of the facility is prohibited and may lead to suspension or

termination of YMCA privileges. Anyone caught taking pictures of another person without their permission and knowledge will be prosecuted to the full extent of the law by the YMCA and may lead to the termination of then membership.

In addition, the YMCA of Harrison County reserves the right to deny access or membership to any person who has been accused or convicted of any crime involving sexual abuse, is or has been a registered sex offender, or is presently or habitually under the influence of dangerous drugs or chemicals, narcotics, or intoxicating beverages.

Members and guests are encouraged to take responsibility for their personal comfort and safety by asking any person whose behavior threatens their comfort to refrain from such behavior. Anyone who feels uncomfortable in confronting a person directly should report the behavior to a staff person or the Building Supervisor.

YMCA of Harrison County staff members are eager to be of assistance. Members and guests should not hesitate to notify a staff member if assistance is needed.

In order to be able to carry out these policies, we ask that members and guests identify themselves to staff when asked.

The CEO and Member Service Director will investigate all reported incidents. Suspension or termination of YMCA of Harrison County membership privileges may result from a determination by the CEO and Member Services Director if in his/her discretion a violation of the YMCA Member's Code of Conduct has occurred.

I understand that any violation of this Code of Conduct may result in termination of membership, class participation and/or visiting privileges to the YMCA of Harrison County. I have also read and understand the Kid's Zone Information Sheet on the back of this form.

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Signature

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Printed Name

---

Date

# **Y KID'S ZONE**

The YMCA of Harrison County Kid's Zone provides on-site child care for our youngest members and guests, ages 6 weeks to 12 years old.

Our goal is to provide a safe, secure & fun location for children while parents or guardians are involved in YMCA activities.

All staff on duty at in the Kid's Zone area trained in CPR, first aid, recognizing the signs of child abuse and symptoms of communicable diseases.

Kid's Zone offers a wide variety of activities. Children are encouraged to participate in age-appropriate activities. Kid's Zone invites exploration, promotes positive play, and welcomes all children.

Our staff does make accommodations for children with special needs.

If you have questions about Kid's Zone please call the "Y" at 812-734-0770 or email [etuell@ymcaharrison.org](mailto:etuell@ymcaharrison.org).

## Hours of Operation:

### Monday thru Friday

7:00 am - 1:00 pm

\*opens at 8 am on non-school days

4:00 pm - 8:30 pm

### Saturday

8:00 am – 2:00 pm

### Sunday

12:00 pm – 5:00 pm

## Safety First:

There are no parents or guardians allowed into the Kids Zone area. If you want to check on your children, please peek in the windows, but please don't peck on the glass! Upon drop off at Kid's Zone you will be asked to sign your child in, at which time you will be given a bracelet and your child will be given a name tag. While your child is in Kids Zone your bracelet must be worn around your wrist so that you can be easily identified.

At pick-up, whoever signed the child in should also pick the child up. However, we know that there are some circumstances when the child may need to be picked up by someone different. Please make alternative arrangements with the staff at the time of drop-off, and give the numbered bracelet to the person picking up your child.

There are no cell phones or cameras permitted in Kids Zone.

Parent or guardian must remain on Y property. Children with fever, rash, drainage from eyes or nose, coughing, vomiting or diarrhea are NOT allowed into the Kids Zone area.

All children, except babies, are required to wear clean shoes while in Kids Zone.

In the event of an emergency, i.e. weather or fire, please listen to the intercom for instructions on where to pick up your child.

\*\*Prior to entering Kid's Zone, your child is required to sanitize their hands. Sanitizer is provided.

## Additional information:

Children may stay in Kid's Zone for no more than 2 consecutive hours.

Staff will not feed, diaper, or administer medicine to your child.

No drinks, gum, food or candy allowed.

No toys from home allowed.

Please provide a car seat or carrier for any infant you may bring.

Pacifiers need to be attached to your child.

Children who are potty training **MUST** wear a training diaper in case of accidents.



9. Which of the following facilities do you expect you will use on a regular basis?

- |                                       |  |                                      |
|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Pool         | <input type="checkbox"/> Resistive weights       | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Gym          | <input type="checkbox"/> Track                   | _____                                |
| <input type="checkbox"/> Free weights | <input type="checkbox"/> Warm Water Therapy Pool | _____                                |

10. Which, if any, of our programs and classes do you expect you will attend?

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Aerobic fitness     | <input type="checkbox"/> Aquatics classes      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Non-aerobic fitness | <input type="checkbox"/> Parent-infant classes | _____                                |
| <input type="checkbox"/> Dance               | <input type="checkbox"/> Tumbling              | _____                                |

11. How did you first hear about the YMCA of Harrison County?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Friend, relative, neighbor | <input type="checkbox"/> Received information in the mail                  | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Read about it in newspaper | <input type="checkbox"/> Saw it while driving by                           | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Heard about it on radio    | <input type="checkbox"/> Heard about it from member or program participant | _____                                  |
| <input type="checkbox"/> Heard about it on TV       | <input type="checkbox"/> Have always known about it                        | _____                                  |

12. Do you recall seeing, hearing, or receiving any promotions for the YMCA?

- |                                     |                                      |   |
|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Radio      | <input type="checkbox"/> Magazine    | <input type="checkbox"/> Other _____    |
| <input type="checkbox"/> Newspaper  | <input type="checkbox"/> Newsletter  | _____                                   |
| <input type="checkbox"/> Television | <input type="checkbox"/> Direct mail | <input type="checkbox"/> Don't remember |

13. Are there any programs or facilities that we don't offer that you would like to see added?

\_\_\_\_\_

\_\_\_\_\_

14. Would you like to know more about volunteer opportunities here?  Yes  No

15. How many years have you lived at current residence? \_\_\_\_\_

16. How many years have you lived in Harrison County? \_\_\_\_\_

17. What is your average travel time to the Y? \_\_\_\_\_ minutes

18. Do you usually come from work, home, or school?  Work  Home  School

Thank you for taking the time to help us serve us better?

We want to be the best part of your day!

Robin Bays  
Member Services Director  
at your  
YMCA of Harrison County