



# Renville County Revolution Wellness

at BOLD SCHOOL: 701 9<sup>th</sup> St S, Olivia, MN 56277

320-262-7110

## KANDIYOHI COUNTY AREA FAMILY YMCA

1000 Lakeland Dr SE; PO Box 757 Willmar, MN 56201

320-222-9622 Kandiyymca.org

### Membership Application:

Primary Contact: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  M  F

Mailing Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact Name & Phone (CANNOT BE SOMEONE ON ACCOUNT) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Employer Name \_\_\_\_\_ Date \_\_\_\_\_

Is your health insurance eligible for a fitness benefit?  Yes  No

### Membership Type:

		Revolution Wellness Program Membership	Full YMCA Membership .
Youth	High School & below	\$23/month	\$23/month
Young Adult	Ages 19-25	\$27/month	\$33/month
Adult	Ages 26-64	\$35/month	\$55/month
Senior	Ages 65 +	\$30/month	\$40/month
One-Adult Household	One adult + children	\$42/month	\$62/month
Multi-Adult Household	Two adults + children	\$55/month	\$75/month
Senior Household	Both 65 +	\$45/month	\$65/month

**[Additional Household Members** \$10 for each adult over 2 in Multi-Adult Households.]

Name	Gender	Date of Birth	School Attending

**COMPLETE AND SIGN REVERSE SIDE FOR PAYMENT AND WAIVER INFORMATION**

**Cancellation Policy:**

Initials \_\_\_\_\_

This calendar month plan automatically renews unless I sign the YMCA cancellation form by the 20<sup>th</sup> of the month.

If canceled before the 20<sup>th</sup> of the month your membership will end the first of the next month.

You will still be paying for the current month. Example: Cancel before January 20<sup>th</sup>, your membership will end February 1<sup>st</sup> but your payment for January will still come out on the 5<sup>th</sup> or 20<sup>th</sup>.

There are no refunds for failure to notify the YMCA within the required time frame.

**Membership Waiver:**

Initials \_\_\_\_\_

By participating in the YMCA National-wide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United State of America and Puerto Rico, from claims of negligence for the bodily injury of death in connection with the use of YMCA facilities, from any liability for other claims, including loss of property, to the fullest extent of the law.

The YMCA Board of Directors reserves the right to shut down the facility once a year for up to a week for maintenance and cleaning.

The YMCA may take, copyright, or publish my photograph for art, advertising, education, promotion, or any purpose consistent with the YMCA mission and agree that the photograph becomes exclusive property of the YMCA.

The YMCA conducts regular sex offender screenings of all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

By signing below, I verify that I have read and understand the above information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Payment Options: [Check One]**

\_\_\_\_\_ Automatic Payment Bank Draft/Credit/Debit Card\* \_\_\_\_\_ 5<sup>th</sup> or \_\_\_\_\_ 20<sup>th</sup>

*\* Authority to bank of credit card company*

I hereby authorize the YMCA to draw funds from my bank account/credit card and I understand that I am liable for these membership dues. Funds will be drawn on either the 5<sup>th</sup> or 20<sup>th</sup> of each month.

Member Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\* Note: There are no refunds for prepaid memberships.

4/29/2022

**For Staff Use Below**

**Amount Paid** \_\_\_\_\_

**Verified Photo I. D.** \_\_\_ Yes \_\_\_ No

**Staff Taking Application** \_\_\_\_\_

**Date** \_\_\_\_\_

**Membership Start Date** \_\_\_\_\_

**Verifying Staff** \_\_\_\_\_

**Date** \_\_\_\_\_

**Membership ID #** \_\_\_\_\_