



# PLAY, LEARN & LEAD

## TEEN MEMBERSHIPS

Play basketball, work out, swim, or just hang with friends. A Y membership gives youth access to our gym, pool, Youth Development Center, and after school programs. Check out our branch for more info!

**CHARACTER & LEADERSHIP DEVELOPMENT FITNESS  
& RECREATION | FUN & FRIENDS | SPORTS**

## TEEN MEMBERSHIP RATE:

**\$41 per month**

\$41 annually for students (11-18) on free/reduced lunch.  
Proof of eligibility required.

\*Picture ID is required when you're 16 years and older for first-time entry



**SCAN QR CODE  
TO LEARN MORE  
OR REGISTER**



**The Y is for everyone.  
Affordable pricing based on income.**

The \*School District has neither reviewed nor approved the program, personnel, activities or organizations announced in this flyer. Permission to distribute this flyer should not be considered a recommendation or endorsement of the program by the school district. In consideration of the privilege to distribute these materials, the school district shall be held harmless from any cause of action or claim filed arising out of the distribution of these materials including all costs, attorney's fees, judgments and awards. \*Everett School District, Marysville School District, Monroe School District, Mukilteo School District, Arlington School District, Lakewood School District, Lake Stevens School District, Snohomish School District, Stanwood-Camano School District, Sultan School District.



**YMCA OF SNOHOMISH COUNTY**  
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# YMCA OF SNOHOMISH COUNTY

## TEEN MEMBERSHIP APPLICATION

Membership # \_\_\_\_\_

TEEN CONTACT	First Name		Middle Name		Last Name	
	School		Grade		Cell Phone	
	Date of Birth / /	Race/Ethnicity <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> White				Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer
HOME	Street					Unit/Apt. #
	City	State	Zip	Home Phone	Email	
PARENT CONTACT	Parent/Guardian Name 1			Parent/Guardian Name 2		
	Phone Number			Phone Number		

Please bring this completed form to your local Y to set up payment.

☐ **TEEN MEMBERSHIP – Teens (Ages 11–18) \$41 Per Month**

☐ **FREE/REDUCED LUNCH – Teens (Ages 11–18) \$41 Per Year – Please bring proof of eligibility.**

\*Other Membership options available, visit your local YMCA branch for more info.

## CONDITIONS OF MEMBERSHIP

### Access For All:

The YMCA of Snohomish County welcomes people of all socioeconomic backgrounds. The YMCA of Snohomish County makes every effort to ensure that no person, especially youth will be denied access to programs because of financial hardship.

### Member Health:

The applicant(s) represents that they are in physically sound condition and understands that participation in group exercise and other exercise, weight training, recreational sports, and use of pools, spas, saunas, steam rooms and fitness equipment carry a potential risk of injuries or illness. The applicant further understands that the YMCA of Snohomish County assumes no responsibility for any such injury or illness.

### Member Conduct and Right to Use the Facility:

The applicant(s) agrees to abide by all policies and procedures of the YMCA of Snohomish County and its branches; and understands that failure to act in accordance with these rules may result in expulsion from the YMCA and revocation of the membership. 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 participation, and remove visitation access. Registered Sex Offenders (Levels 2 or 3) may not apply to become YMCA members.

### Property Loss:

The applicant(s) understands that the YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities, including parking lots, or participating in YMCA programs.

### Photo/Audio/Narrative Permission:

The applicant(s) hereby gives permission now and for all time for the YMCA of the USA or any of its chartered member associations in the United States (collectively "the Y"), and collaborating third parties to use, without limitation or obligation, photographs, film footage, tape recordings, or narrative accounts of my experience which may include the applicant(s) image or voice for purposes of promoting or interpreting YMCA programs. My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale, or exhibition in promotions, advertising, education, and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

### Insurance:

The applicant(s) understands that the YMCA does not provide any accident or health insurance for its members or participants and further understands it is the applicant's responsibility to provide such coverage. Medical Treatment: The applicant(s) gives permission for YMCA staff or volunteers to provide emergency medical treatment, and to transport to an emergency center for treatment. Also, the applicant(s) consents to medical treatment deemed immediately necessary or advisable by a physician.

### Release of Liability/Participation:

I am an adult age 18 or older and wish to participate in YMCA activities. In addition, if applicable, I give permission for my dependents to participate in YMCA activities. I understand that accidents can sometimes happen. Therefore, in exchange for the YMCA allowing me, and if applicable, my spouse and my dependents to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its employees, its boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its employees, boards, members, volunteers or guests. In addition, 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 life.

### Billing Policy:

I hereby authorize the YMCA of Snohomish County to initiate debit transactions to my account on file, and the financial institution or credit card on file to debit the same to such account on the days of each month I've indicated below. Should my bank or credit card, for any reason, not honor any draft specified below I realize that I am still responsible for that payment plus a processing fee. I understand that any returned drafts will be collected electronically and a processing fee of \$30 will be added and electronically debited from my account. This is in addition to any service fee my bank may charge me. This authorization is to remain in effect until the YMCA of Snohomish County has received at least 3 days written notification prior to my next draft date. Changes made to bank accounts or membership types and/or cancellations will only be accepted in writing. Membership, program and child care fees are subject to change. Please keep us informed of address, phone number, bank account, or credit card changes.

Teen Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_