SHOREFRONT

YM-YWHA OF BRIGHTON - MANHATTAN BEACH, INC.

3300 Coney Island Avenue, Brooklyn, NY 11235
Tel. 718.646.1444 Fax. 718.646.0376
www.shorefronty.org

# Membership Application

**I am interested in the following?**

- ☐ Sports/Fitness
- ☐ Kids Enrichment Programs
- ☐ After School Program
- ☐ Summer/Winter Camps
- ☐ Pre-School/Early Childhood
- ☐ Teen Department
- ☐ Arts & Culture
- ☐ Special Needs
- ☐ Senior Center
- ☐ Volunteer Work
- ☐ Other _____

**MARK ONE:** ___ New Membership ___ Membership Renewal

**MARK ONE:** ___ Family ___ Individual Adult
___ Single Parent Family ___ Adult Couple
___ Teen/College Student ___ Individual Senior
___ Senior Couple

**PRIMARY MEMBER:** _____ Date of Birth ___/___/_____
(First Name) (Last Name)

_____ Apt Number _____
(Address)

_____
(City) (State) (Zip)

_____
(Cell Phone) (Home Phone) (E-mail address)

**SPOUSE/: PARTNER** _____ Date of Birth ___/___/_____
(First Name) (Last Name)

_____
(Cell Phone) (Home Phone) (E-mail address)

**CHILDREN UNDER 18 YEARS OLD** (Family Memberships Only)

1._____ ___/___/_____ _____
(First name) (Last Name) Sex (M/F) (Date of Birth) (Grade) (School)

2. _____ ___/___/_____ _____
(First name) (Last Name) Sex (M/F) (Date of Birth) (Grade) (School)

3. _____ ___/___/_____ _____
(First name) (Last Name) Sex (M/F) (Date of Birth) (Grade) (School)

**EMERGENCY CONTACT:** _____
(First Name) (Last Name) (Phone Number)

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I, the undersigned, hereby make application for membership at the Shorefront YM-YWHA of Brighton-Manhattan Beach, Inc. (Shorefront Y) I and any of my family and guests agree to abide by the rules, dress codes and by-laws. I understand that membership is not transferable and membership dues are not refundable. Any adjustment to membership is subject to a $10 administration fee. Permission is granted for the Y to photograph and use the images for future publicity. I release the Shorefront Y from any claims resulting from the pictures taken on or before the date of this communication.

**Membership Fees:** I understand that I am purchasing an obligation to pay for ongoing annual membership at the Shorefront Y. I agree that my membership will be automatically renewed at the prevailing rate at the end of the first year. If I choose to terminate my membership after the first year, I will inform the Shorefront Y in writing with thirty (30) days notice. I further understand that the authority of this payment authorization agreement will remain in effect until my written termination is received by the Shorefront Y. I agree that the Shorefront Y shall be fully protected in honoring any such drafts or credit card debits.

_____
**(SIGNATURE)** **(DATE)**

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# MEMBERSHIP WAIVER

In consideration for being permitted to utilize the facilities, services, and programs of the Shorefront Y for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the Shorefront Y, without respect to location, the undersigned, for himself or herself 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 Shorefront Y 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 programs 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 SHOREFRONT Y FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE SHOREFRONT Y, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1) THE UNDERSIGNED herby releases, waives, discharges and covenants not to sue the Shorefront Y, its directors, officers, employees, and agents (hereinafter referred to as "releasees") 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 death of the undersigned, whether caused by the negligence of the releasees 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 Shorefront Y, without respect to location.

2) THE UNDERSIGNED herby 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 Shorefront Y premises or in any way observing or using any facilities or equipment of the Shorefront Y or participating in any program affiliated with the Shorefront Y whether caused by the negligence of the releasees or otherwise.

1) THE UNDERSIGNED herby assumes full responsibility for and risk of bodily injury, death, or property damage due to negligence of releasees or otherwise while in, about, or upon the premises of the Shorefront Y and/ or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Shorefront Y.

2) THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New York and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

3) THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, & further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

_____

**(SIGNATURE)** **(DATE)**

(Or legal guardian if under 18 years old)

# Membership Information

| Membership Categories | Yearly Payment Options | |
|---|---|---|
| | Annual | Monthly Installments |
| **Family** (2 parent household + all children under 18) | **$516** | **$43** |
| **Single Parent Family** (single parent household + all children under 18) | **$336** | **$28** |
| **Adult Couple** | **$456** | **$38** |
| **Individual Adult** | **$372** | **$31** |
| **Teen/College Student** (ages 14 through 22) | **$240** | **$20** |
| **Senior Couple** (at least one member over 65) | **$300** | **$25** |
| **Individual Senior** (over 65) | **$216** | **$18** |

| Additional Fees | Price |
|---|---|
| **New Member/Renewal Registration Fee** (couples/families) | **$25** |
| **New Member/Renewal Registration Fee** (individuals) | **$15** |
| **Adult Visitor Pass** (fee will be deducted from membership if purchased within one week) | **$12** |
| **Youth/Teen Guest Pass** (guest must be accompanied by a member/visitor over the age of 18) | **$10** |
| **Lost or Stolen ID Card Replacement** | **$10** |

**Payment Information:**

- Membership fees are subject to change.
- Membership is nonrefundable and nontransferable.
- To qualify for the various membership types, documentation will be required such as proof of age, valid photo ID, proof of family relationship, co-residence at the same address, full time student status, etc.

**Use of Membership:**

- Members must show their Shorefront Y membership ID and scan in each time they enter the facility.
- Membership must remain current throughout enrollment in programs or classes at the Y where a discounted rate was applied.
- The Y reserves the right to suspend or revoke membership at any time for misuse of the ID card, non compliance with the rules and by-laws of the organization or misuse of the facility.

**Credit Card or Debit Card Authorization** (for installment payments)

I authorize the Shorefront YM-YWHA of Brighton-Manhattan Beach, Inc. to initiate transactions to my credit card account in the amount of _____. **I authorize the credit card institution to charge my account for the amount indicated on the 2nd day of each month**. I understand that the Shorefront Y will notify me, in advance, of any change in the monthly fee charged to my account due to any change in the fees for my membership or for new services added by my consent.

Cardholder's Name_____

Credit Card # _____

Type ☐ Visa ☐ MasterCard ☐ Discover Expiration Date_____

Date of First Draft_____

**Cardholder's Signature**_____

For office use only

Rate: _____

Date: _____

Initials: _____