



Youth Membership Application

YOUTH MEMBER (Ages 10-18)

_____/_____/_____
First Name MI Last Name Date of Birth Gender ___M ___F

Mailing Address City State Zip

Youth's Cell Phone Youth E-Mail Address

Parent/Guardian Name Best Phone Number for Contact

Parent/Guardian E-mail Address Parent/Guardian Signature

Emergency Contact Name Phone Relationship

We expect youth using the YMCA to behave in a responsible way to respect others. Our Code of Conduct does not permit any action that can hurt or frighten another person. Specifically, this includes:

- Youth must be 10 years of age to be unaccompanied by an adult.
- Angry or vulgar language including swearing, name-calling or shouting.
- Physical contact with another person in any angry or threatening way.
- Inappropriate attire. Appropriate attire must be worn at all times.
- Any demonstration of sexual activity or sexual contact with another person.
- Harassment or intimidation by words, gestures, body language or any other menacing behavior.
- Theft or behavior that results in the destruction of property.
- Carrying or concealing any weapons or devices or objects that may be used as weapons.
- Using or possessing illegal chemicals or alcohol on YMCA property, in YMCA vehicles, or at YMCA sponsored programs.
- Loitering is not permitted in or outside the YMCA.
- Smoking is not permitted in or outside the YMCA.
- Any other conduct of an inappropriate, threatening or offensive nature.

In order to be able to carry out these Code of Conduct standards, we ask that youth identify themselves to staff.

Suspension or termination of YMCA membership privileges may result from a violation of the Code of Conduct. This will be determined by the director on duty and reviewed by the YMCA Executive Director.

I hereby acknowledge that I understand the Code of Conduct standards of the Itasca County Family YMCA.

Signature: _____ Date: _____

BANK DRAFT INFORMATION

Youth Membership: \$25.00/month on continuous bank draft (Financial assistance is available. See below)

NO contract. We just ask for 30 day written cancellation notice.

NO Joiners Fee for youth memberships.

Draft is withdrawn on the 15th of each month

Checking Account Information: (Please attached a voided check.)

Bank Name & Routing Number

Account Number

Account Holder's Signature

Account Holder's Printed Name and Date

INCOME-BASED YOUTH MEMBERSHIPS

Does your family receive any of the following? Please check:

_____ Reduced or Free School Lunch

_____ SNAP

_____ Childcare Assistance

_____ Healthcare Assistance

_____ Other: _____

If you have checked any of the above, your child will automatically receive a 50% reduction in his/her membership fee. If further assistance will be needed, please contact Randy Kuechle at 218.327.8815

By signing below, I certify that the above information is correct.

Parent/Guardian Signature

Date