

We build strong kids, strong kids, strong communities

**GREATER LOWELL FAMILY YMCA
FINANCIAL ASSISTANCE APPLICATION**
(All information provided below is confidential)

For Office Use	
Member Code	_____
Start Date	_____
Exp Date	_____
\$ Per Month	_____
Annual Amt	_____
Full Cost	_____
Reduction Amt	_____

Date: _____

Name: _____ Phone Number(_____) _____

Address: _____
Street City STATE ZIP

Employer: _____ Your E-Mail _____

=====
Have you ever received financial assistance for the YMCA? Yes No

If "yes", when and for what? _____

What type of membership are you applying for?

___ Youth ___ Adult ___ Senior ___ Senior Couple ___ One Parent Family ___ Two Parent Family

Who is the membership for? _____ If program, Specify _____

Current Household # of Adults _____ #of Children _____

FINANCES (Monthly)

Income:

Expenses:

Total Monthly Household Wages: \$ _____ Rent/Mortgage \$ _____ (Attach receipt Or tenant agreement)

Child Support: \$ _____ Food \$ _____

Other Income: \$ _____ Medical \$ _____

Car Payment \$ _____

Tuition \$ _____

Other \$ _____

Total Gross Income \$ _____ Total Expense \$ _____

Please list any extenuating circumstances that are not listed above: _____

—
Please attach a copy of your MOST RECENT 1040 TAX RETURN and rental agreement or mortgage receipt. If you are exempt from paying taxes: please attach verification of income received from federal and state or local agencies.

To the best of my knowledge, the above information is correct.

Signature of Applicant

Date

Please return to The Greater Lowell Family YMCA Att: Adele 35 YMCA Drive Lowell, MA 01852



We build strong kids, strong families, and strong communities.

The Greater Lowell Family YMCA
35 YMCA Drive, Lowell, MA 01852
(978) 454-7825

PRIMARY MEMBER INFORMATION

Name: First Name Last Name Sex: M F

Address: Street/ Box# City State Zip

Date of Birth: Month Day Year Home Phone# ()

Marital Status: Single Married E-Mail Address

In Emergency, Contact: Emergency Phone: ()

FILL OUT THIS SECTION ONLY IF THIS IS TO BE A FAMILY MEMBERSHIP

Spouse: First Name Last Name Date of Birth M F
Child: First Name Last Name Date of Birth M F
Child: First Name Last Name Date of Birth M F
Child: First Name Last Name Date of Birth M F
Child: First Name Last Name Date of Birth M F

TERMINATION/REFUNDS:

The Greater Lowell Family YMCA reserves the right to cancel memberships for any misconduct in the use of our facility. In this event, and under certain circumstances, refunds will not be given. Memberships are not transferable from one person to another. Voluntary termination on the members' part will require a written 30-day notice and all membership cards will need to be returned to the YMCA. There will be a charge of \$10.00 for each card that is not returned. Should the scholarship participant default on two consecutive payments, the scholarship will be terminated any outstanding balance will be the members' responsibility.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.

Signature of Applicant: Date:
(If applicant is age 17 or under, parent or guardian signature is required)

THIS SECTION TO BE COMPLETED BY YMCA STAFF ONLY

Membership Code: Payment Plan: Annual Draft Scholarship #6 (30/60/90 days)

Total Received Monthly Payments Due Annual Dues Payment Auth/Check #
Cash Check Credit Card

Table with 5 columns: Membership Number, Start Date, End Date, Received By, Receipt #

Greater Lowell Family YMCA

RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, 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 YMCA 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 program 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 YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA. THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA, 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 YMCA.
2. THE UNDERSIGNED HEREBY 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 YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

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

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

FULL NAME (Please PRINT and SIGN)

DATE