



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



YMCA OPEN DOORS PROGRAM

EVERYONE IS WELCOME AT THE YMCA

The heart of the Y's mission is to reach out and serve all people in our communities.

Because the Y is community-based and believes that its programs and services should be available to everyone, we offer the "Open Doors" program. This program offers a sliding fee scale that is designed to fit the financial situation of each individual and family in our community.

HOW DO I APPLY?

Complete the "Open Doors" application on the reverse side. Verification of income will need to be provided by submitting a copy of your most recent **tax return summary page** and proof of any current financial assistance received. Membership and program fees will be reviewed for eligibility on an **annual basis**.

WHO SEES MY FINANCIAL INFORMATION?

Personal financial information is handled in a confidential manner and will be seen and reviewed only by Y staff. No information is shared with any other agency or organization.

WANT TO KNOW MORE?

Call (740) 654-0616, visit ymcalancaster.org **or** visit the Y in-person for more information!

YOU CAN HELP!

Thanks to our generous donors, our Annual Giving Campaign helps fund our Open Doors program to make the Y accessible to all regardless of their financial situation. If you would like to make a tax-deductible donation, ask our staff or visit ymcalancaster.org/give/

ymcalancaster.org/financial-assistance





OPEN DOORS APPLICATION

- Are you currently receiving financial assistance from the YMCA? Y / N
- Are you currently applying for Ohio Rise funds to participate at the YMCA? Y / N

If yes to currently applying for Ohio Rise Funding:

Care Coordinator Name: _____ Email (if known): _____

TERMS AND APPLICATION INFORMATION:

- Renewal applicants must submit a renewal application annually at least 30-days prior to their expiration date.
- All eligible applicants will be asked to pay a pro-rated fee at sign up.
- Applicants must include a copy of a recent Federal tax return summary page, and proof of financial assistance.
- All applications must be completed thoroughly and accurately to be processed. If we do not have **all** of the information requested in the section below, **we will not be able to process your Open Doors application.**
- All Open Doors membership dues will be drafted on the 5th of each month.

Please fill out the following as accurately as possible. Bring any documentation requested to the YMCA with the completed application to begin the verification process.

INCOME INFORMATION:

- \$ _____ Gross Monthly Income (primary adult)
- \$ _____ Gross Monthly Income (secondary adult)
- \$ _____ Child Support
- \$ _____ Public Assistance (TANF, food stamps)
- \$ _____ Unemployment
- \$ _____ Social Security
- \$ _____ Retirement/Pension
- \$ _____ Alimony
- \$ _____ Other
- \$ _____ Total Monthly Income

DOCUMENTS NEEDED:

- Federal tax return summary page:** If you do not have a copy, please call 1-800-829-1040 (Necessary to complete this application)
- Verification of Financial Assistance:** Food Stamps, SSI, etc.

I certify that the above information is true and complete to the best of my knowledge, and that I do not have income not represented above.

Printed Name of Applicant

Signature of Applicant

Date



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YMCA of Lancaster & Fairfield County

Membership Application UPDATED 4/1/2026

HOME BRANCH: ROBERT K. FOX FAMILY YMCA

RIVER VALLEY CAMPUS YMCA

DATE: _____

| | | | | |
|---|---|-----------|--|-----------------------|
| PRIMARY MEMBER | LEGAL FIRST NAME | M.I. | LAST | |
| | MAILING ADDRESS | | | |
| CITY | | STATE | ZIP CODE | |
| EMAIL ADDRESS (to be used for online registration for all family members) | | | Would you like to receive notifications? | |
| | | | Text | Email Both None |
| PRIMARY PHONE | | BIRTHDATE | GENDER | RACE |
| PERSONAL INFORMATION | EMERGENCY CONTACT NAME: | | RELATIONSHIP: | |
| | | | PHONE: | |
| MEMBERSHIP TYPE | <input type="checkbox"/> YOUTH <input type="checkbox"/> TEEN <input type="checkbox"/> YOUNG ADULT <input type="checkbox"/> ADULT <input type="checkbox"/> TWO ADULTS <input type="checkbox"/> SINGLE PARENT | | | |
| | <input type="checkbox"/> FAMILY <input type="checkbox"/> SENIOR ADULT <input type="checkbox"/> TWO SENIORS <input type="checkbox"/> HOUSEHOLD | | | |

| FAMILY MEMBERS | | | | |
|------------------|----------|-----------|--------|------|
| LEGAL FIRST NAME | LASTNAME | BIRTHDATE | GENDER | RACE |
| 2 | | / / | | |
| 3 | | / / | | |
| 4 | | / / | | |
| 5 | | / / | | |
| 6 | | / / | | |
| 7 | | / / | | |
| 8 | | / / | | |
| 9 | | / / | | |
| 10 | | / / | | |

| HOW DID YOU HEAR ABOUT THE YMCA? | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> Local Newspaper | <input type="checkbox"/> Previous Member |
| <input type="checkbox"/> Website | <input type="checkbox"/> Mailer: Promotion | <input type="checkbox"/> Current Member |
| <input type="checkbox"/> Local Radio | <input type="checkbox"/> Local Television | <input type="checkbox"/> Through Employer |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Friend or Relative | <input type="checkbox"/> Other: _____ |

Family YMCA of Lancaster & Fairfield County

Auto-Pay Authorization & Code of Conduct

In consideration of my participation at the Family YMCA of Lancaster & Fairfield County, I agree to hold the YMCA and its representatives free from liability and waive all claims for damages arising from my participation. I declare myself physically sound and authorized to participate.

Financial Agreement

- Draft Authorization: I authorize the YMCA to draft a monthly charge from my bank account or card to cover membership fees until cancelled in writing.
- Draft Date: Drafts occur on the 1st of each month; if the 1st falls on a holiday or weekend, the draft occurs the next business day.
- Cancellation Policy: A 30-day written notice is required for cancellations or bank account changes; changes must be submitted by the 20th of the month.
- Returned Payments: If a draft is not honored, I remain liable for the payment plus a \$30.00 YMCA processing fee, in addition to any bank fees.

Member Code of Conduct

The YMCA is committed to a safe, inclusive environment reflecting values of caring, honesty, respect, and responsibility.

- Respectful Environment: Members must treat others with dignity; harassment, vulgar language, or clothing/actions that degrade others are strictly prohibited.
- Safety & Substance Policy: Possession of weapons, alcohol, drugs, tobacco, or vaping products on premises is prohibited.
- Camera Privacy: Use of cell phone cameras or recording devices is strictly prohibited in locker rooms, restrooms, saunas, and childcare areas.
- Personal Boundaries: Physical affection must be limited to appropriate interactions (e.g., side hugs, high-fives); full-frontal hugs, lap sitting, or wrestling are not permitted.
- Service Animals: Only trained service dogs are permitted; emotional support or therapy animals are not recognized under this policy.

Enforcement

The YMCA conducts regular sex offender screenings and reserves the right to deny or terminate membership for sexual offenses, substance impairment, or behavior posing a safety risk. Violations may result in immediate removal or permanent expulsion. Terminated individuals may submit a written appeal to the Senior Director of Operations or CEO.

- I understand and agree to follow the YMCA code of conduct policy.
- I understand that the YMCA membership is non-refundable and non-transferable.
- I authorize monthly payment from my provided banking information

Signature: _____

Date: _____

circle one: Checking Savings Voided Check attached

Bank _____

Credit Card Debit Card last 4 digits _____

Credit Card Type: MasterCard Visa Discover American Express

Name on Card: _____ Expiration: _____

For Office Use Only:

Staff Initials: _____

Date: _____

Corporate: Y N

if yes, _____

ANNUAL GIVING CAMPAIGN

Through our Annual Giving Campaign the YMCA keeps our promise to the community that no one is turned away from the YMCA due to an inability to pay. The campaign relies on generous donations from our members, program participants, businesses and local foundations. Please consider helping to provide YMCA memberships and programs to others in your community. Our cause builds community!

YES! I'd like to help! \$2 \$5 \$10 \$25 \$ (Other - Please specify amount) _____ No thanks!

Credit Card #: _____ - _____ - _____

Pay Now _____ Bill Me (Date) _____ Pay Via Monthly Auto-Pay (\$/month) _____ ***Payments are also acceptable by cash or check***

PHOTO/TALENT RELEASE

I give permission to the YMCA & its Affiliates to use without limitation or obligation, photographs, film footage, tape recordings or other media that may include any of my family member's or my image or voice for purposes of promoting or interpreting YMCA programs. **This release is required for some programs such as team sports.**

Initials: _____

MEMBER CODE OF CONDUCT

I hereby acknowledge that I have read the YMCA Member Code of Conduct, as well as the full version available online and at the front desk, and will abide by its provisions. I take responsibility to share the code of conduct with all members listed on this application.

Initials: _____



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