



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# OPEN DOOR

## Financial Assistance Application

Youth, Families, Adults, Seniors

### STRENGTHENING OUR COMMUNITY

Through the generosity of our donors, the Y works to strengthen our community by providing access to program, facilities and services that connect, heal, nourish and encourage. We are happy to offer financial assistance so that everyone can participate in our programs and services regardless of their ability to pay.

Scholarship applicants must meet income guidelines and have a permanent address.

- Please fill out the financial assistance application and membership forms accurately and completely.
- Return completed form to the Y Front Desk. It will be reviewed within 24–48 hours. You will receive a letter after your application is reviewed or you may call two days after submission to check on status
- Financial assistance does not automatically renew. Upon the expiration of this membership you must reapply by filling out a new Open Door application.





# Sheridan County YMCA Membership Information

## APPLICANT INFORMATION

Name

Mailing Address

City

State ZIP Code

Home Phone ( )

Cell Phone ( )

Email

Gender M F N Birth Date

Are you a Veteran? ☐ Yes ☐ No

Emergency Contact Phone ( )

## ADDITIONAL MEMBERS' INFORMATION

Name

Gender M F N Birth Date

Name

Gender M F N Birth Date

Name

Gender M F N Birth Date

Name

Gender M F N Birth Date

Name

Gender M F N Birth Date

Name

Gender M F N Birth Date

Name

Gender M F N Birth Date

## AGREEMENT & RELEASE OF LIABILITY

I understand that:

- the Y's mission is to put Christian principles into practice through programs that build healthy spirit, mind, and body for all.
- refunds on membership dues are seldom given.
- this membership is non-transferable.
- if I am on the automatic bank withdrawal plan and wish to make changes to the account or discontinue, I must notify the Y at least 5 business days before my next draft date.
- I pay the initial fee only once, unless my membership lapses for longer than 90 days.
- the Y does not provide accident insurance, and that it is my responsibility to provide payment for any and all injuries incurred.
- there is an inherent risk in all physical activities and that I assume such risk.
- members and program participants may be photographed providing opportunities for Y promotions.

I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claim damages I may have against the Sheridan County YMCA or their respective agents, successors or assigns for any and all injuries which may be suffered by me in connection with the Sheridan County YMCA.

Signature

Date

## OFFICE USE

Membership Type

Annual Monthly Draft

Expiration Date

Draft Date 1 15

Staff Initial Date

NOTES