

WELCOME

Membership And Program Financial Assistance Application

EVERYONE IS WELCOME

The Deaconess Aquatic Center welcomes all who wish to participate and believes that no one should be denied access to the DAC based on their ability to pay. Through our Assistance Program, the DAC provides assistance to youth, adults and families based on individual needs and circumstances.

CONNECTED TO OUR COMMUNITY

Determining the amount of assistance is handled in a fair and consistent manner. Every person receives the same membership benefits, regardless of whether or not they receive assistance. Members can feel confident knowing that they are a part of a community that cares greatly for the well-being of all people. If you would like to know more about the Aquatic Center please visit swimevansville.org.

The assistance program reduces membership fees; it does not eliminate them. You will receive an approval phone call within a week of returning your completed application. If your application is incomplete, your application will be returned to you through the mail for completion. The YMCA requests that individuals and families reapply before their membership expires with updated documentation to ensure continuous service. Membership fees are subject to change when you reapply. If you do not reapply at the time requested, your membership will expire. Please contact the Deaconess Aquatic Center Staff if you have any questions.

swimevansville.org



1 Primary Applicant Information

FIRST NAME: _____ MI _____ LAST NAME _____

BIRTHDATE: ___/___/___ GENDER: M F

MAILING ADDRESS: _____ APT# _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE: (____) _____ - _____ PHONE (OTHER): (____) _____ - _____

Please provide email address for online account access and our informational newsletter.

EMAIL: _____

EMPLOYER: _____ WORK PHONE: (____) _____ - _____

EMERGENCY CONTACT: _____ PHONE: (____) _____ - _____

2 I am Applying for

Check category for which you are applying

INDIVIDUAL

FAMILY

3 All Persons Living In This Household

Place a check mark for each family member applying for assistance.

<input type="radio"/> Adult	DOB	Gender M F
<input type="radio"/> Adult	DOB	Gender M F
<input type="radio"/> Child	DOB	Gender M F
<input type="radio"/> Child	DOB	Gender M F
<input type="radio"/> Child	DOB	Gender M F
<input type="radio"/> Child	DOB	Gender M F
<input type="radio"/> Child	DOB	Gender M F
<input type="radio"/> Child	DOB	Gender M F
<input type="radio"/> Other Dependent(s)	Age(s)	Gender M F

FOR OFFICE USE

Amount \$ _____ Discount _____ % Date Approved _____

Type _____ Staff _____ Exp _____

ID # _____

4 To Qualify For Scholarship, Provide The Following Documents:

I FILED FEDERAL TAXES FOR LAST YEAR

I am an individual filing jointly; I am providing ONE 1040 form

We filed more than ONE tax form in our household; We are providing _____ 1040 forms.

1040 Federal Tax Form(s) for all incomes in household

\$ _____ TOTAL ANNUAL HOUSEHOLD INCOME

or

I DID NOT FILE FEDERAL TAXES FOR LAST YEAR or MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR

Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)

\$ _____ x 12 = _____
30 DAYS INCOME MONTHS

\$ _____ TOTAL ANNUAL HOUSEHOLD INCOME

To find support documents you may need to provide please visit ymcaswin.org/membership/membership-forms

5 Please Read The Following And Sign

I agree, if necessary, to send additional information/documentation to support the above statements. Cancellation forms received on or after the 1st of the month will result in membership dues being charged for that month. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future. My payments are due on the 1st of the month and will be considered late after the 10th. I understand that my membership will be periodically reviewed and will be cancelled for non-payment. By signing this member enrollment form I agree that I and anyone listed as part of this unit will abide by the DAC's Code of Conduct. I acknowledge that it's the policy of the DAC to deny membership to individuals convicted of a sexual offense and that the Y checks its membership records for convictions monthly. Have you or anyone in this household ever been convicted of a SEXUAL OFFENSE? Yes No

I understand that DAC activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all DACA activities. I further waive, release, absolve, indemnify and agree to hold harmless the DAC, the staff and volunteers from any claims or injury sustained during my use of the DAC's program and facilities property or not.

The undersigned further grants full permission to the DAC, to take and use photographs, video, motion pictures, recordings or any other record of participation for any purpose.

X _____ Date _____

Signature of applicant and Guardian if under the age of 18