



## YMCA - Harbor City International School Student Agreement:

### GENERAL POLICIES

#### **Code of Conduct**

At the YMCA, we expect staff, members and guests to behave in accordance with our mission and values, respecting the rights and dignity of others.

**At the YMCA, we demonstrate Respect, Responsibility, Caring and Honesty by:**

- ▣ Speaking in respectful tones, refraining from the use of vulgar or derogatory language and dressing appropriately;
  - ▣ Resolving conflicts in a respectful, honest and caring manner;
  - ▣ Respecting others by refraining from intimate behavior in public;
  - ▣ Respecting the property of others;
  - ▣ Creating a safe, caring environment free of weapons and firearms;
  - ▣ Participating in programs to build healthy spirit, mind and body; and
  - ▣ Never engaging in the use, sale, dispensing or possession of illegal drugs or alcohol on YMCA premises.
- Adherence to the YMCA Code of Conduct is essential. Noncompliance may result in suspension or termination of YMCA membership privileges.

#### **Locker Rooms**

**Adult Male and Adult Female Locker Rooms (Upstairs Locker Rooms):** For adults only age 18+. Youth under the age of 18 are not allowed in this locker room at any time.

**Youth/All Ages Male & Female Locker rooms (lower level):** For general use of all ages. All children 5 and older must change in their respective locker room.

#### **Cell Phones**

Cell phones are prohibited in the locker rooms and restrooms at the Y.

#### **Membership Cards**

Your membership card is valuable and important. You must present it each time you enter the building for access to the facility. Lost cards may be replaced for \$2.

#### **Wellness Center**

If you choose to workout in the Wellness Center, you must have an Orientation by one of our Wellness Center staff and have a Physician's Clearance form on file. Wellness Center age limits are 12-14 yr. old must be with an adult, where ages 15 and older may use the center independently.

#### **8:00PM Curfew**

If you are under the age of 18 and not with a parent/guardian or not enrolled in a Y program, you will be asked to leave the Y at 8pm on weeknights. Be prepared to leave the Y at 8pm M-F.

I agree to adhere to the YMCA Code of Conduct and follow all Y policies while I am in the facility.

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Signature of Student

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Date



**WELCOME TO THE Y!**  
**The following are benefits to you:**

**Membership Benefits:**

**Full use of the YMCA Facility including:**

basketball & volleyball courts • lap pool • whirlpool • therapy pool  
indoor track • racquetball, handball & squash courts • wellness center • Teen Center • Rock Climbing wall

**Group Fitness Classes**

group cycling • water aerobics • step • core challenge • yoga • pilates • muscle pump • cardio boot camp • bosu challenge • zumba • core pole

**Health and Wellness**

fitness evaluations • consultations • body composition • blood pressure checks • right start orientations  
• youth orientations

**Programs**

discounts on programs (like Tae Kwon Do) • priority registration

**Building Hours:**

**September-May:**

Monday-Friday : 5:15 am-10:00 pm

Saturday: 7:00 am-5:00 pm & 5:00-7:00 pm\*

*\*On Saturdays, the Wellness Center and locker rooms are open to Duluth Y members only (ages 10+) until 7:00 p.m. All other areas close at 5:00pm.*

Sunday: 9:00 am-5:00 pm

**Teen Center Hours:**

Monday – Thursday: 3:00pm – 8:00pm

**Guest Passes:**

Members receive 3 guest passes per year and guests may use up to 3 guest passes per year.



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Welcome to the Duluth Area Family

(01) First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F

(02) First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Additional Family Members:

#	First Name, Middle Initial, Last Name	Gender	Birth Date	Relationship
(03)				
(04)				
(05)				
(06)				
(07)				
(08)				
(09)				
(10)				

How did you hear about the Duluth YMCA? \_\_\_\_\_

Are there any special needs or accommodations you require to make your visit successful at the Y? If so please list:

- What areas of interest do you have?**  Group Exercise Classes  Cardio  Strength Training  
 Personal Training  Basketball  Martial Arts  Racquetball, Handball or Squash  
 Senior Programs  Lap Swim  Social Activities  Volunteering  Family Programs  
 Summer Camp  Preschool Programs  Gymnastics  Swim Lessons  
 Youth Programs (under age 12)  Teen Programs (ages 12+)

### Conditions of Membership

Members are required to present a valid membership card for identification when using the Y. Membership to the Y is a privilege, and the Y reserves the right to cancel anyone’s membership and refund fees on a prorated basis if the Y deems such action to be in its best interests. Membership privileges and cards are not transferable.

### Acceptance

I accept all provisions of membership set forth above and, understanding the Mission of the Y, hereby apply for a membership. I understand that information given to my Y is the property of the YMCA and is kept as confidential information by the Y and its representatives.

Member’s Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please read and sign waiver on back side of page.**

### Staff Use Only:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Checked list  
Called  
Reviewed

**Release and Waiver of Liability and Indemnity Agreement**

**DULUTH AREA FAMILY YMCA**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) 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 such participating children 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 acknowledgment 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 by the undersigned and such children. The Duluth Area Family YMCA may share personal information collected about members, program participants, and users of Y facilities in response to any legal issue, court summons, similar investigative demand or a request for cooperation from a law enforcement or other government agency.

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, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children and all 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 releases or otherwise while the undersigned or such children 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 releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children 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 releases or otherwise.
- 3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releases or in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or otherwise while participating in any program affiliated with the YMCA. In the circumstance of medical emergency, the undersigned permits YMCA staff to contact Emergency Medical Services (911).
- 4. THE UNDERSIGNED HEREBY PERMITS their likeness to be recorded and used by the YMCA, YMCA of the USA, and third parties collaborating with the YMCA in promotion. All such recording is the exclusive property of the YMCA and may be used for any purpose without compensation to the undersigned.

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 Minnesota 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.

**I HAVE READ AND UNDERSTAND THIS DOCUMENT.**

\_\_\_\_\_  
Signature of Adult/Parent or Guardian of Minor Child

\_\_\_\_\_  
Print Name of Adult/Parent or Guardian of Minor Child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult/Parent or Guardian of Minor Child

\_\_\_\_\_  
Print Name of Adult/Parent or Guardian of Minor Child

\_\_\_\_\_  
Date

**Office Use Only...**

Member ID # \_\_\_\_\_

**Membership Type:**     Youth    Young Adult    Adult    Single Parent Family    2-Adult Family

**Kit Locker, Laundry, Towels:**    None    Kit Locker Only    Kit Locker, Laundry, Two Towels

**Group:**     Corporate (list place of employment) \_\_\_\_\_

Assisted \_\_\_\_\_% discount Membership Assistance Expires \_\_\_\_\_

Insurance Reimbursement (list insurance company) \_\_\_\_\_

Other \_\_\_\_\_

**Payment Type:**     Automatic Withdraw     Annual     Other \_\_\_\_\_

**Did you go through the New Member checklist of information?**    Yes     No

**Did you fill out or have the new member fill out a Wellness Center orientation sheet?**

Yes    No

**If they receive fitness reimbursement by their insurance, did you attach the completed insurance paperwork?**    Yes     No     NA

Staff Name: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_



# Wellness Center Teen Code of Conduct and Physician's Clearance Agreement

\_\_\_\_\_  
Teen's First Name (print)                      Teen's Last Name (print)                      Date of Birth                      Age

I/We understand & agree to abide by the current Wellness Center guidelines & policies of the Duluth Y. In addition, I/We understand that my privileges to use the Wellness Center may be restricted or revoked for behavior or safety concerns. I acknowledge, accept, & understand the above stated agreement and guidelines, for my age group, in the Wellness Center.

\_\_\_\_\_  
Printed Name of Parent/Guardian                      Signature of Parent/Guardian                      Date

\_\_\_\_\_  
Signature of Teen Participant                      Phone Number

By signing, I authorize that the above named youth is physically capable of utilizing the strength training and cardio equipment at the Duluth YMCA. \*authorization is required from a physician in order be in Wellness Center

\_\_\_\_\_  
Printed Name Physician                      Physician's Signature                      Date

Additional comments/limitations: \_\_\_\_\_

## Youth Ages 11 & Under

This age group is not allowed in the Wellness Center.

## Teen Ages 12-15

These teens may use the Wellness Center only after completing a Teen Orientation and signing\* the Wellness Center Code of Conduct. Orientations may be scheduled in the Wellness Center. After receiving an orientation, the teen will need to receive a green wrist band as they check into the Y if they wish to use the Wellness Center. \*Parent/Guardian's & Physician's signature also required.

## Teen Ages 16-17

These teens are not required, but are highly recommended, to participate in a Teen Orientation or Basic Orientation.

## Wellness Center General Guidelines:

- Teens 12-15 must have green wrist band in order to use equipment and be in Wellness Center.
- Members must wipe down all equipment after use with disinfectant.
- Members should wear clean, non-outside shoes while using the Wellness Center.
- Cell phones are not allowed in the Wellness Center and are restricted for use only in hallways and in the lobby.
- Gym bags, purses, and other personal articles should be locked and stored in locker. The Member Service Desk sells and lends locks if needed.
- Dumbbells should be rested on the ground between sets. Dropping weights is prohibited.
- Angry or vulgar language, such as swearing, name-calling, or shouting is prohibited.
- Members should wear appropriate workout attire. Jeans, outside shoes, sweat suits, etc are not to be worn.