



FOR YMCA STAFF USE ONLY	
Account Number _____	<input type="checkbox"/> Client Self-Certified
Date _____	Staff Initials _____
Audited By _____	Audit Date _____

Feed LA & Distance Learning Support Program Intake Form

YMCA OF METROPOLITAN LOS ANGELES



The YMCA is a non-profit organization committed to providing full and equal access to its facilities. Everyone is welcome to apply regardless of race, color, creed, national origin, citizenship, religion, gender, sex, age, ancestry, marital status, registered domestic partner status, protected military or veteran status, disability, pregnancy, childbirth or related medical condition, sexual orientation, gender identity or expression, genetic information or any other basis protected by applicable law. The Feed LA Program and Distance Learning Support Program are intended for residents of the City of Los Angeles who have low, very low, or extremely low incomes. Participants needing other accommodations or services should contact their local YMCA. Items below marked with an asterisk (*) are required and will help the YMCA continue providing community resources.

Please send verifications (photos or scans) and questions to FeedLA@ymcaLA.org or ChildCare@ymcaLA.org.

PROGRAM TYPE

Choose Program Type(s): Feed LA Distance Learning Support Program

PRIMARY PARTICIPANT (Parent or guardian for applicants under 18 years)

Legal First Name*	MI	Legal Last Name*	Date of Birth*
Home Address*	Apt	City*	State* Zip Code*
Home Phone*	Cell/Other Phone		
Primary Email			
Total Annual Household Income* (Place a checkmark next to the number of total persons and next to income per year, based on total annual gross income before taxes.):			
	1	2	3
<input type="checkbox"/> 1 Person	<input type="checkbox"/> \$0-\$12,760	<input type="checkbox"/> \$12,761-\$39,450	<input type="checkbox"/> \$39,451-\$63,100
<input type="checkbox"/> 2 Persons	<input type="checkbox"/> \$0-\$17,240	<input type="checkbox"/> \$17,241-\$45,050	<input type="checkbox"/> \$45,051-\$72,100
<input type="checkbox"/> 3 Persons	<input type="checkbox"/> \$0-\$21,720	<input type="checkbox"/> \$21,721-\$50,700	<input type="checkbox"/> \$50,701-\$81,100
<input type="checkbox"/> 4 Persons	<input type="checkbox"/> \$0-\$26,200	<input type="checkbox"/> \$26,201-\$56,300	<input type="checkbox"/> \$56,301-\$90,100
<input type="checkbox"/> 5 Persons	<input type="checkbox"/> \$0-\$30,680	<input type="checkbox"/> \$30,681-\$60,850	<input type="checkbox"/> \$60,851-\$97,350
<input type="checkbox"/> 6 Persons	<input type="checkbox"/> \$0-\$35,160	<input type="checkbox"/> \$35,161-\$65,350	<input type="checkbox"/> \$65,351-\$104,550
<input type="checkbox"/> 7 Persons	<input type="checkbox"/> \$0-\$39,640	<input type="checkbox"/> \$39,641-\$69,850	<input type="checkbox"/> \$69,851-\$111,750
<input type="checkbox"/> 8 Persons	<input type="checkbox"/> \$0-\$44,120	<input type="checkbox"/> \$44,121-\$74,350	<input type="checkbox"/> \$74,351-\$118,950
<input type="checkbox"/> 9 Persons	<input type="checkbox"/> \$0-\$48,600	<input type="checkbox"/> \$48,601-\$78,850	<input type="checkbox"/> \$78,851-\$126,150
<input type="checkbox"/> 10 Persons	<input type="checkbox"/> \$0-\$53,080	<input type="checkbox"/> \$53,081-\$83,350	<input type="checkbox"/> \$83,351-\$133,350
<input type="checkbox"/> 11 Persons	<input type="checkbox"/> \$0-\$57,560	<input type="checkbox"/> \$57,561-\$87,850	<input type="checkbox"/> \$87,851-\$140,600
<input type="checkbox"/> 12 Persons	<input type="checkbox"/> \$0-\$62,040	<input type="checkbox"/> \$62,041-\$92,350	<input type="checkbox"/> \$92,351-\$147,800
Gender* <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Client Doesn't Know/Refused	Race* <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client Doesn't Know/Refused	Ethnicity* <input type="checkbox"/> Hispanic/Latinx <input type="checkbox"/> Not Hispanic/Latinx <input type="checkbox"/> Client Doesn't Know/Refused
Have you been a Y Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you interested in volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No	

How did you hear about the YMCA?	Do you wish to receive updates via SMS text? <input type="checkbox"/> Yes <input type="checkbox"/> No, email only
----------------------------------	---

(Optional) Please let us know other types of service(s) you need assistance with: Clothing & Household Goods
 Education Employment/Job Training Food Assistance Housing & Shelter Financial Assistance
 Youth & Family Support Health & Wellness Mental Health Immigration Services Other (specify):

ADDITIONAL ADULT/CHILDREN

Legal First Name	MI	Legal Last Name	Date of Birth
Legal First Name	MI	Legal Last Name	Date of Birth
Legal First Name	MI	Legal Last Name	Date of Birth
Legal First Name	MI	Legal Last Name	Date of Birth
Legal First Name	MI	Legal Last Name	Date of Birth
Legal First Name	MI	Legal Last Name	Date of Birth
Legal First Name	MI	Legal Last Name	Date of Birth
Legal First Name	MI	Legal Last Name	Date of Birth
Legal First Name	MI	Legal Last Name	Date of Birth
Legal First Name	MI	Legal Last Name	Date of Birth
Legal First Name	MI	Legal Last Name	Date of Birth
Legal First Name	MI	Legal Last Name	Date of Birth
Legal First Name	MI	Legal Last Name	Date of Birth

DOCUMENT VERIFICATION* (required) All documents (with the exception of ID) should have a clear date, and the date must be within 90 days prior to the date the customer registers. Verification documents should be collected for at least one member of the household.

FEED LA (Send photos or scans to FeedLA@ymcaLA.org)
 DISTANCE LEARNING SUPPORT PROGRAM (Send photos or scans to ChildCare@ymcaLA.org)

<p>One (1) of the following income verifications:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Benefits Letter / Public Benefits Notice <input type="checkbox"/> Paystub <input type="checkbox"/> Letter from Employer <input type="checkbox"/> CalWorks <input type="checkbox"/> TANF <input type="checkbox"/> SSI/SSDI <input type="checkbox"/> Social Security <input type="checkbox"/> General Assistance <input type="checkbox"/> Veterans Benefit <input type="checkbox"/> Pension <input type="checkbox"/> Unemployment / Layoff Letter <input type="checkbox"/> W-2 Form (Only useable January-March) 	<p>One (1) of the following residency verifications:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ID (Unexpired Driver's License, Identification Card, or Consular ID Card with address) <input type="checkbox"/> Utility Bill <input type="checkbox"/> Postmarked Envelope <input type="checkbox"/> Benefits Letter
--	---

CONDITIONS OF PROGRAM PARTICIPATION

Participant Health: The applicant(s) represent(s) that he/she/they is/are in good health and understand(s) that participation in aerobics and other exercise, weight training, recreational sports, and use of pools, spas, saunas, steam rooms and fitness equipment carry a potential risk of injuries or illness. The applicant further understands that the YMCA of Metropolitan Los Angeles assumes no responsibility for any such injury or illness.

Participant conduct and right to use the facility: All applicants and dependents agree to abide by all policies and procedures of the YMCA of Metropolitan Los Angeles and its branches and understand that failure to act in accordance with these policies and procedures may result in expulsion from the YMCA and revocation of program participation.

Safety: The YMCA of Metropolitan Los Angeles conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, we reserve the right to cancel membership, end program participation, and remove visitation access.

Property Loss: The applicant understands that the YMCA of Metropolitan Los Angeles is not responsible for personal property lost, damaged, or stolen while using YMCA facilities or participating in YMCA programs.

Video Taping & Cell Phone Use: Due to the advances in video equipment and telephone video technology, and for the safety and security of our members and guests, all video and/or photo equipment may not be used in locker rooms, dressing areas, shower areas, restrooms, or other areas generally deemed to be "private" within YMCA facilities. The YMCA of Metropolitan Los Angeles requests that cell phone usage be reserved for lobby or designated cell phone areas only.

Photo & Video Waiver/Consent: The applicant gives permission to the Y to use the applicant's picture/video or other likeness or a picture/video or other likeness of applicant's dependent(s) for any purpose, including, but not limited to general marketing & publicity, social media presence and/or campaign or other promotional materials.

PROGRAM AGREEMENT

As a participant of the YMCA, I understand and agree to abide by the YMCA's Code of Conduct and Six Pillars of Character. I understand that program participation is a privilege and may be suspended or revoked at any time for behavior that is not consistent with the YMCA's Code of Conduct or the Six Pillars of Character. I acknowledge that I have received and read a copy of the Member Handbook, which explains the Code of Conduct, Six Pillars of Character, and all program participation policies, procedures, and services. I understand and agree that I will abide by these policies and procedures. I assume responsibility for all listed household members in this application and agree that they too will abide by the YMCA's policies and procedures. The Y reserves the right to make changes to the type of services offered. The services, facilities, and hours of operation related to this Agreement are available online at www.ymcala.org.

Other conditions of program participation may apply, please see branch program participant and Member Handbook or visit the Welcome Center for more information. I agree that this form may be signed electronically.

Signature of Applicant or Guardian

Date

Additional Adult Applicant

Date

Additional Adult Applicant

Date



ASSUMPTION OF RISK, RELEASE & WAIVER OF LIABILITY AND ARBITRATION AGREEMENT

YMCA OF METROPOLITAN LOS ANGELES

In consideration of being permitted to utilize the facilities, services, and programs of the YMCA of Metropolitan Los Angeles ("YMCA") (or for my children to so participate) for any purpose, including, but not limited to, observation or use of facilities, property (which, for sake of clarity, includes, but is not limited to, parking lots and each parking lot's entrances and exits), or equipment, or participation in any YMCA program, or any program affiliated with the YMCA, the undersigned, on behalf of himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges, agrees and represents that he or she has inspected, or immediately upon entering or participating will inspect, and carefully consider such facilities, property and equipment, and/or the affiliated program. It is further warranted that such entry into and/or onto the YMCA for observation or use of any facilities, property, or equipment, or participation in such affiliated program constitutes an acknowledgement that such premises, property, 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 undersigned agrees that, by entering or using the facilities, property or equipment, or participating in any YMCA program or any program affiliated with the YMCA, the undersigned and anyone with the undersigned, including children, will comply with all rules and procedures established by the YMCA.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES, PROPERTY, OR EQUIPMENT, OR PARTICIPATION IN ANY YMCA PROGRAM, OR ANY PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED, ON HIS OR HER BEHALF AND ON BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, volunteers and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all personal representatives, assigns, heirs, and next of kin of the undersigned for any loss or damage, and any claim or demands on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence, active or passive, of the releasees 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 YMCA program or a program affiliated with the YMCA.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, DEFEND, AND HOLD HARMLESS the releasees, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, of the releasees 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. The undersigned understands and agrees that the YMCA does not provide insurance to cover the undersigned or such children in the event they suffer injury, death, property loss, theft or damage of any sort upon, or about the premises or any facilities or equipment therein or participating in any YMCA program or a program affiliated with the YMCA.

The undersigned hereby acknowledges that the YMCA does not have its own medical facility and that sometimes visitors with medical or alternative health care training may offer help or advice. The undersigned agrees and understands that, if the undersigned chooses to accept their help, they are acting entirely on their own initiative and not on behalf of, or under the direction of, the YMCA, which shall not be liable for any action or inaction on their part.

Initials: _____

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, active or passive, of releasees 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 YMCA program, or a program affiliated with the YMCA. In this regard, the undersigned specifically recognizes that activities involving physical activity, including sports and health activities, are inherently risky and may result in harm to the participant.

Health: Members and any accompanying children, guests or participants will be temperature screened and will not be permitted to enter the YMCA and/or participate in any YMCA programs if the individual's temperature is 100.4 degrees Fahrenheit or higher and/or if the individual exhibits any of the symptoms identified by the Centers for Disease Control and Prevention ("CDC") as being associated with COVID-19, or related illness, including, but not limited to, cough, shortness of breath or difficulty breathing, chills, sore throat or new loss of taste or smell. Any individual who refuses to be temperature screened will not be permitted to utilize the facilities, services and/or programs of the YMCA (other than any exclusively online services and programs).

In addition, the undersigned acknowledges that novel coronavirus ("COVID-19") infections have been confirmed throughout the United States, including in Southern California. In accordance with the most recent guidance and protocols issued by the CDC, the California Department of Public Health, and the Los Angeles County Department of Public Health (together, the "Public Health Agencies") for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children shall visit or utilize the facilities, services, and programs of the YMCA (other than any exclusively online services and programs) within 14 days after (i) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice; (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice; or (iii) exposure to any person who has a suspected or confirmed case of COVID-19. The CDC Travel Health Notices list is updated regularly. The undersigned agrees to check the CDC Travel Health Notices list (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>) prior to utilizing the facilities, services, and/or programs of the YMCA, on a daily basis if necessary. The undersigned hereby agrees, represents, and warrants that neither the undersigned nor such participating children, guest or participants are permitted to visit or utilize the facilities, services and/or programs of the YMCA (other than any exclusively online services and programs) for 14 days if he/she/they: (i) are currently experiencing, or have experienced, symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath; or (ii) has/have a suspected, diagnosed or confirmed case of COVID-19. The undersigned agrees to notify the YMCA immediately if he/she/they believe(s) that any of the foregoing access/use restrictions may apply.

The YMCA has taken certain steps to implement recommended guidance and protocols issued by the Public Health Agencies for slowing the transmission of COVID-19, including, without limitation, the screenings/access/use restrictions set forth above. The undersigned acknowledges and agrees that the YMCA may revise its procedures at any time, including, but not limited to, those based on updated recommended guidance and protocols issued by the CDC and the Public Health Agencies, and further agrees to comply with the YMCA's revised procedures prior to utilizing the facilities, services, and programs of the YMCA. The undersigned further acknowledges and agrees that, due to the nature of the facilities, services, and programs offered by the YMCA, appropriate social distancing is not always possible. However, the undersigned agrees that he/she/they will attempt to observe these regulations at all times. The undersigned fully understands and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of the YMCA and acknowledges that use thereof by the undersigned and/or such participating children may, despite the YMCA's reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability and/or death.

Photo & Video Waiver/Consent: The undersigned gives permission to the YMCA to use the undersigned's picture/video or other likeness or a picture/video or other likeness of the undersigned's children for any purpose, including, but not limited to, general marketing and publicity, social media presence and/or campaign or other promotional materials.

Initials: _____

ARBITRATION

The parties agree that any and all disputes, claims, or controversies arising out, of or relating to, the use by the undersigned or such children while in, about, or upon the premises of the YMCA and/or while using the premises, property, or any facilities or equipment thereon, or participating in any program affiliated with the YMCA, shall be submitted to the Judicial Arbitration and Mediation Services ("JAMS") for final and binding arbitration.

The undersigned, on his or her own behalf, and on behalf of the undersigned's children, hereby waive their constitutional right to have any such dispute, claim, or controversy decided in a court of law before a jury, and instead is accepting the use of arbitration, except as California law provides for judicial review of arbitration proceedings. If the undersigned attempts to circumvent this arbitration clause by filing a lawsuit in a court of law, the undersigned shall pay the YMCA all costs, expenses, attorney's fees, and related expenditures incurred as a result of the filing of any such lawsuit. Further, if the undersigned files a lawsuit in a court of law, the undersigned hereby waives his or her right to recover any monetary damages in that forum, and instead promises to indemnify the non-filing party for any monetary damages that may be awarded against it.

The parties agree that this ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND ARBITRATION AGREEMENT may be used as evidence to bar claims in the arbitration and/or in any related proceeding, including court. Either party may commence arbitration by providing JAMS and the other party a written request for arbitration, setting forth the subject of the dispute, a summary of the relevant facts, and the relief requested. The request for arbitration must be submitted to JAMS and the other party within the applicable statute of limitations and, if not, the dispute, claim or controversy is waived.

The arbitration shall be administered by JAMS pursuant to the Streamlined Arbitration Rules and Procedure, which may be found at www.jamsadr.com. The parties may file a motion for summary judgment of summary adjudication, except that the motion shall be scheduled at least 30 days before the arbitration hearing, notice of motion and supporting papers shall be served on the other party to the arbitration at least 30 days before the time appointed for the motion hearing, the opposition to the motion shall be served and filed not less than 14 days preceding the hearing date, and any reply papers shall be served and filed by the moving party not less than 4 days preceding the hearing date. The arbitrator shall issue a signed opinion setting forth the essential findings and conclusions on which the decision to grant or deny the motion is based.

Following the arbitration hearing, the arbitrator shall issue a signed opinion and award setting forth the essential findings and conclusions on which the award is based. The opinion and award shall decide all issues submitted and be final and binding to the fullest extent permitted by law. To the extent not expressly waived in this Agreement, the arbitrator shall only award those remedies in law or equity requested by the parties and that the arbitrator determines are supported by credible and relevant evidence presented.

To the extent permitted by applicable law, the fees and expenses of the arbitrator shall be split equally between the parties. Further, each party shall bear its own attorney's fees and costs. If the initiating party does not pay its share of the arbitrator's fees and expenses within 30 days of receipt of an invoice from JAMS, the arbitration will be dismissed, with prejudice. The prevailing party in any arbitration and in any court proceeding to confirm or modify an arbitration award shall be entitled to recovery of actual and reasonable costs of suit, including attorney's fees.

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

Initials: _____

THE UNDERSIGNED HAS CAREFULLY READ AND VOLUNTARILY SIGNS THIS AGREEMENT AND FURTHER AGREES THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I AM AWARE THAT THIS IS AN AGREEMENT RE: ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND I KNOW THAT I AM GIVING UP VALUABLE RIGHTS. I ALSO UNDERSTAND THAT THAT THIS AGREEMENT CONTAINS AN ARBITRATION PROVISION, AND I EXPRESSLY AGREE TO IT, INCLUDING RELINQISHING MY CONSTITUTIONAL RIGHTS, AND THOSE RIGHTS OF MY MINOR CHILDREN, TO A JURY OR COURT TRIAL. I ALSO UNDERSTAND THAT THIS AGREEMENT IS MADE ON BEHALF OF MY MINOR CHILD(REN) AND/OR LEGAL WARDS AND I HAVE FULL AUTHORITY TO SIGN THIS AGREEMENT ON BEHALF OF SUCH MINOR(S).

I HAVE READ AND UNDERSTAND THE TERMS OF THIS RELEASE. I AGREE THAT THIS FORM MAY BE SIGNED ELECTRONICALLY.

I FURTHER AGREE THAT I AM SIGNING THIS RELEASE ON BEHALF OF MY MINOR CHILDREN AND DEPENDENTS.

Adult Applicant/Guardian Name (Printed)	Date
---	------

Signature of Applicant/Guardian	E-Mail Address
---------------------------------	----------------

Date of Birth	Member ID
---------------	-----------

Name(s) and Birthdate(s) of Child(ren) in Facility/Program(s)

_____	_____
Child 1 Full Name	Date of Birth

_____	_____
Child 2 Full Name	Date of Birth

_____	_____
Child 3 Full Name	Date of Birth

_____	_____
Child 4 Full Name	Date of Birth