



MEMBERSHIP APPLICATION

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Join Date: _____ Full Pay Draft

Membership Type: Household One Parent Household Two Adult Household Senior Household
 Adult Young Adult Youth Senior

First Name _____ MI _____ Last _____ Birth Date ____/____/____
 Ethnicity: Asian African-American Caucasian Hispanic Other: _____

First Name (spouse) _____ MI _____ Last _____ Birth Date ____/____/____
 Ethnicity: Asian African-American Caucasian Hispanic Other: _____

Address _____ City _____ State ____ Zip Code _____
 Phone 1) _____ Phone 2) _____

Email Address _____

Your Employer _____ Phone Number _____

Spouse Employer _____ Phone Number _____

Emergency Contact #1 _____ Relationship _____ Phone _____

Emergency Contact #2 _____ Relationship _____ Phone _____

Family Membership Information (List Last Name if Different)

#	Dependent/Children's Names	M/F	Birth Date	Relationship	School	Grade
01						
	Ethnicity: (Circle One)	1)Asian	2)African-American	3)Caucasian	4)Hispanic	5)Other: _____
02						
	Ethnicity: (Circle One)	1)Asian	2)African-American	3)Caucasian	4)Hispanic	5)Other: _____
03						
	Ethnicity: (Circle One)	1)Asian	2)African-American	3)Caucasian	4)Hispanic	5)Other: _____
04						
	Ethnicity: (Circle One)	1)Asian	2)African-American	3)Caucasian	4)Hispanic	5)Other: _____
05						
	Ethnicity: (Circle One)	1)Asian	2)African-American	3)Caucasian	4)Hispanic	5)Other: _____
06						
	Ethnicity: (Circle One)	1)Asian	2)African-American	3)Caucasian	4)Hispanic	5)Other: _____

******PLEASE COMPLETE INFORMATION LOCATED ON BACK******

The YMCA is committed to serving people regardless of their ability to pay. We need to know whether we are reaching all income levels. This information will be kept strictly confidential and will help us better serve the community.

How did you hear about the YMCA? Website TV Commercial Radio YMCA Brochure Friend
 Other: _____

What are you looking forward to most at the YMCA?

Household Income: Under \$10,000 \$10,001 - \$19,999 \$20,000 - \$29,999
 \$30,000-\$39,999 \$40,000-\$49,999 \$50,000+

The YMCA is a volunteer-driven organization. We utilize volunteers in programs like YMCA Youth Sports, YMCA Healthy Kids Day, our Annual Golf Tournament or Child Watch. We can certainly use your help.

Would you be willing to volunteer some of your time? Yes No

If yes, what special skills do you have?

(e.g. Carpenter, Coaching, Plumber, Electrician, Attorney, Public Relations, Marketing, Fundraising)

What areas are you interested in volunteering?

(e.g. Youth Sports Coach, Special Events)

I understand my joining fee is a one-time fee as long as my membership does not lapse for more than 30 days. If I cancel my membership, I must pay a new joining fee when I resume my membership.

Initials ____ Date ___/___/___

I also understand that should I choose the membership annual payment option I am not eligible for a membership refund or transfer unless I am able to provide a doctor's note stating that I cannot exercise at the current time due to physical injury or illness.

Initials ____ Date ___/___/___

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA as written in the YMCA Program Guide.

Signature _____ Date _____

******TO ENSURE ACCURACY PLEASE REVIEW ALL INFORMATION******



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WAIVER OF LIABILITY

MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN OF MINORS

I, for myself, my executor, my administrator, my heirs and assigns, do hereby release and discharge the Tri-County YMCA and the facility used for this program, including officers, directors, agents, employees, or anyone who supervises the events from any and all claims for personal injury, damages, demands or actions, whatsoever in any manner arising or growing out of participation in activities of the Tri-County YMCA.

Name of Participant: _____ Date of Birth: _____
_____ Date of Birth: _____
_____ Date of Birth: _____
_____ Date of Birth: _____

Participants' Address: _____

Phone Number: Home: _____ Cell(1): _____ Cell(2): _____

Email: _____

Parent/Legal Guardian Signature _____ Date _____

This document is not valid without signature of parent/legal guardian

OFFICE USE ONLY
TTY Day 1 date: _____
Guest Pass date: _____
Away Y: _____
Member #: _____
Varified date: _____
Staff Initials: _____

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PLEASE PRINT

Name: _____ Male / Female

Date of Birth: Month: _____ Day: _____ Year: _____

Address: _____ City/State: _____ Zip: _____

Phone Number: Home: _____ Cell(1): _____ Cell(2): _____

Email: _____

Emergency Contact #1: Name: _____ Phone: _____

Emergency Contact #2: Name: _____ Phone: _____

Name of personal physician _____

Physician's address _____

Physician's phone _____

Limitations and Medications: _____

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OFFICE USE ONLY

TTY Day 1 date: _____
Guest Pass date: _____
Away Y: _____
Member #: _____
Varified date: _____
Staff Initials: _____

WAIVER OF LIABILITY

I desire to engage voluntarily in the YMCA exercise program in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on the cardio/respiratory system and to thereby attempt to improve its function. The reaction of the cardio/respiratory system to such activities can't be with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand that the purpose of the exercise program is to develop and maintain cardio/respiratory fitness, body composition, flexibility, and muscular strength and endurance. A specific exercise plan will be given to me, based on my needs and interests and my doctor's recommendations. All exercise programs include warm-up, exercise at target rate, and cool down. The programs may involve walking, jogging, swimming, or cycling(outdoor or stationary), participation in exercise fitness, rhythmic aerobic exercise, or choreographed fitness classes, or calisthenics or strength training. All programs are designed to place a gradually increasing workload on the body in order to improve overall fitness. The rates of progression are regulated by exercise, target heart rate, and perceived effort of exercise.

I understand that I am responsible for monitoring my own condition throughout the exercise program, and should any unusual symptoms occur, I would cease my participation and inform the instructor of the symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise program. I also affirm that my questions regarding the exercise program have been answered to my satisfaction.

In the event that a medical clearance must be obtained prior to my participation in the exercise program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program.

Also, in consideration for being allowed to participate in the YMCA exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless the YMCA and it's staff members conducting the exercise program from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from, the exercise program.

Signature of Participant

Date

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FITNESS SCREENING FORM

Name: _____ Age _____ Date _____
Address: _____ City/State/Zip _____
Phone Number: _____ Cell _____ Occupation _____

PERSONAL MEDICAL HISTORY

Table with 2 columns of symptoms and 2 columns of YES/NO checkboxes. Symptoms include Rheumatic Fever, High Blood Pressure, Heart Attack, High Cholesterol, Muscle Disease, Back Injury, Joint Problems, Thyroid, Arthritis, Poor Circulation, Heart Disease, Heart Murmur, Asthma, Stroke, Varicose Veins, Major Surgery, Lung disease, Diabetes: I/II, and Pregnancy.

Comments: _____

FAMILY MEDICAL HISTORY

Table with 2 columns of symptoms and 2 columns of YES/NO checkboxes. Symptoms include High Blood Pressure, Heart Disease, Heart Attack, Heart Operation, Diabetes, and Stroke.

PRESENT SYMPTOMS

- Checkboxes for Chest Pain, Shortness of Breath, High Blood Pressure, Dizziness with Exercise, Pregnant (Trimester), Knee Pain, Heart Palpitations, Others: _____, Back pain, Other Joint Problems, and Cough.

Are you currently taking any medications? [] YES [] NO
If so, What/Why?: _____

HEALTH HABITS

****TO ENSURE ACCURACY PLEASE REVIEW ALL INFORMATION****

SMOKING

Do you use tobacco? Yes No

Used previously? _____ How long? _____ How much? _____

When did you quit? _____

Nutrition

Do you consider yourself overweight? Yes No

Are you presently on a weight control program? Yes No

If Yes, What? _____

Exercise

Do you engage in sports or fitness activities? Yes No

If yes, What? _____

How Often? _____ How Long? _____

How Physically fit do you feel?

Unfit Below Average Average Above Average Very Fit

Physician's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Fitness Release Form

I, _____, do hereby make application and give release to the Tri-County YMCA, it's professional staff and instructors, to be accepted and permitted to participate in YMCA health & wellness programs. In consideration of being accepted into this program, I do, on behalf of myself, my heirs, executor, and administrators, release and discharge the said Tri-County YMCA and all its agents and employees from any claims or demands which I now have or at any time in the future may have resulting from any illness, injury or occurrence as a result of my participation in these programs. Furthermore, I agree to look to my private physician for medical care and agree to have regular evaluations by him/her.

Signature

Date

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