

Tri-County YMCA Membership Application

Join Date: _____

Membership Type: (Circle one)

1) Family 2) Single Parent Family 3) Senior Citizen Family 4) Senior Citizen 5) Adult 6) College 7) Youth

First Name _____ MI _____ Last _____ Birth Date ____/____/____

Ethnicity: (Circle one) 1) Asian 2) African-American 3) Caucasian 4) Hispanic 5) Other:

First Name (spouse) _____ MI _____ Last _____ Birth Date ____ / ____ / ____

Ethnicity: (Circle one) 1) Asian 2) African-American 3) Caucasian 4) Hispanic 5) Other:

Address _____ City _____ State ____ Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____

Your Employer\School _____ Employer Phone Number (____) _____

Spouse Employer _____ Employer Phone Number (____) _____

Emergency Contact #1 _____ Relationship _____ Phone (____) _____

Emergency Contact #2 _____ Relationship _____ Phone (____) _____

Email Address (for YMCA correspondence) _____

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 n	2)African- American	3)Caucasian	4)Hispanic	5)Other:_____ ---
02						
	Ethnicity: (Circle One)	1)Asian n	2)African- American	3)Caucasian	4)Hispanic	5)Other:_____ ---
03						
	Ethnicity: (Circle One)	1)Asian n	2)African- American	3)Caucasian	4)Hispanic	5)Other:_____ ---
04						
	Ethnicity: (Circle One)	1)Asian n	2)African- American	3)Caucasian	4)Hispanic	5)Other:_____ ---
05						
	Ethnicity: (Circle One)	1)Asian n	2)African- American	3)Caucasian	4)Hispanic	5)Other:_____ ---
06						
	Ethnicity: (Circle One)	1)Asian n	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: **(Circle one)** 1) Under \$10,000 2) \$10,001 – \$19,999 3) \$ 20,000 – \$29,999
4) \$30,000–\$39,999 5) \$40,000–\$49,999 6) \$50,000+

The YMCA is a volunteer-driven organization. We utilize volunteers in programs like YMCA Youth Sports, our Annual Golf Tournament, or other special events.. 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 area are you interested volunteering in?

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

Joiners Fee

I understand that 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.

Member Initials____ Date ___/___/___

Annual Payment

I understand that should I choose the 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.

Member Initials____ Date ___/___/___

Any person who supports the purpose may become a member of this corporation in accordance with such provisions as may be established by the board of directors, and shall so continue to be a member unless the Board or its authorized agent concludes, in its sole discretion, that a member has failed to live up to the standards and commitments of being a member of this YMCA.

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******

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 predicted 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 and 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

PLEASE COMPLETE OTHER SIDE

PLEASE PRINT

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone(_____) _____ Work Phone(_____) _____

In case of emergency, contact _____

Day Phone(_____) _____ Evening Phone(_____) _____

Name of personal physician _____

Physician's address _____

Physician's phone(_____) _____

Limitations and medications _____

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 _____

Participant Phone # () _____

Parent/Legal Guardian Signature _____
This document not valid without signature of parent/legal guardian

Date _____