



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

MEMBERSHIP APPLICATION

Join Date: _____ Full Pay Draft 20/20

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: _____

The YMCA conducts regular sex offender screenings on all members, participants and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation and remove visitation access.

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: _____

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 ____/____/____

An External Privacy Notice is available upon request from Member Services Staff or on our website at www.tri-countyyymca.org.

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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FITNESS SCREENING FORM

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

PERSONAL MEDICAL HISTORY

	YES	NO		YES	NO
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Muscle Disease	<input type="checkbox"/>	<input type="checkbox"/>	Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>
Back Injury	<input type="checkbox"/>	<input type="checkbox"/>	Major Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Joint Problems	<input type="checkbox"/>	<input type="checkbox"/>	Lung disease	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes: I/II	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Poor Circulation	<input type="checkbox"/>	<input type="checkbox"/>			

Comments: _____

FAMILY MEDICAL HISTORY

	YES	NO		YES	NO
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Heart Operation	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	<input type="checkbox"/>

PRESENT SYMPTOMS

- Chest Pain
- Shortness of Breath
- High Blood Pressure
- Dizziness with Exercise
- Pregnant (Trimester)
- Knee Pain
- Heart Palpitations
- Others: _____
- Back pain
- Other Joint Problems
- 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, its 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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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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An External Privacy Notice is available upon request from Member Services Staff or on our website at www.tri-countyymca.org.

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.

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of the Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United State and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of the YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

Signature of Participant

Date



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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: _____

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



CREDIT/DEBIT CARD AUTHORIZATION FORM FOR MEMBERSHIP AND/OR PROGRAM PAYMENTS

Name of Credit Card Holder:	Membership/Program Type	Monthly Payment
Card Holder Mailing Address:		
Street		
City State Zip	Monthly Payment Total	\$

Monthly Draft Begins: _____ Date of Withdrawal Monthly: 1st or 15th

Gentlemen,

I have given authority to _____
Name of Credit Card Issuer

drawn by you on my account for the Membership and/or Program fees as indicated above. It is understood that your sending of a preauthorized charge to the credit card company as a payment becomes due shall constitute valid notice of such payment due on this fee. When the credit card company honors the charge by charging my account, such charge shall constitute my receipt for the payment. Should any preauthorized charge not be honored by said credit card company when received by them, I will remain liable for such payment and shall immediately pay to you such amount together with a processing fee of \$10.

Credit/Debit Card Number:	Expiration Date:	CVB:
Card Type:	Card Holder Signature:	

YMCA Membership Agreement

1. I understand that this is a perpetual membership and will remain in effect until I provide the Tri-County YMCA with 30 written notice.
2. It is to my complete understanding that if I wish to terminate or change my membership in any way, I must give the YMCA a 30 day written notice, and that one more monthly payment will be withdrawn from my account before my membership is considered terminated if I fail to give such notice.
3. The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category of membership. I also understand that I will receive at least four weeks notice prior to any such change.
4. Should any membership charge not be honored by my credit card company for any reason, I realize that I am still responsible for that payment plus a \$10 service charge applied by the YCMA. This is in addition to any service fee my credit card company may make.
5. Membership cards remain the property of the YMCA and must be surrendered upon demand of that institution.

Member Signature _____

Date _____

Staff Signature _____

Authority to Draw ACH Debits OR Drafts for Membership and/or Program Payments

Name of Bank Customer: _____

Mailing Address of Bank Customer: Address: _____

City: _____ State: _____ Zip: _____

Membership/Program Type: _____ Monthly Payment Total: _____

Monthly Draft Begins: _____ Date of Withdrawal Monthly: 1st or 15th

I have given authority to (Full Name of Bank) _____ to honor both pre-authorized checks and drafts drawn by you on my account for membership and/or program payments as indicated above. It is understood that you are sending of a pre-authorized check or draft by charging my account, such check or draft shall constitute my receipt for the payment. Should any pre-authorized check or draft be honored by said bank when received by them, I will remain liable for such payment and shall immediately pay you to such amount together with a processing fee of \$10.00.

Transit and Routing #: _____ Account #: _____

Signature of Bank Depositor: _____

Authorized to Honor ACH Debits or Drafts by the Tri-County YMCA

Name of Bank Customer (exactly as checks are printed): _____

Full Name of Bank: _____ Account Number: _____

As a convenience to me, I hereby request and authorize you to pay and charge my account checks or drafts drawn on my account by and payable to the Tri-County YMCA. I agree that your rights in respect to each such check or draft shall be the same as if it were a check or draft drawn on you and signed personally by me. The authority is to remain in effect until notified by me in writing, and until you actually received such notice I agree that you shall be fully protected in honoring any such check or draft. I further agree that if any such check or draft be dishonored, whether with or without cause and whether intentionally or inadvertently you shall be under no liability whatsoever even through such dishonor results in the forfeiture or membership.

Sign as you sign your checks: _____ Date completed: _____

Tri-County YMCA MEMBERSHIP AGREEMENT

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2. **It is to my complete understanding that if I wish to terminate or change my membership in any way, I must give the YMCA a 30-day written notice, and that one more monthly payment will be withdrawn from my account before my membership is considered terminated if I fail to give such notice.**
3. The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to my category for membership. I also understand that I will receive at least four weeks notice to any such change.
4. Should any membership draft not be honored by my bank for any reason, I realize that I am still responsible for that payment plus a \$10.00 service charge applied by the YMCA. This is an addition to any service fee that my bank may charge.
5. Membership cards remain the property of the YMCA and must be surrendered upon demand of that institution.
6. If I decide to cancel before the six-month commitment for the 25th Anniversary Membership Special, I will be responsible for paying off the balance or continuing the draft.

Date: _____ Initialed by Member: _____ Staff Signature: _____