



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
MEMBERSHIP APPLICATION FOR SOCIAL RESPONSIBILITY**

Join Date: \_\_\_\_\_ ☐ Full Pay ☐ Draft ☐ 10/20

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-countyymca.org](http://www.tri-countyymca.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

<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Pregnant (Trimester)	<input type="checkbox"/> Back pain
<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Knee Pain	<input type="checkbox"/> Other Joint Problems
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Heart Palpitations	<input type="checkbox"/> Cough
<input type="checkbox"/> Dizziness with Exercise	<input type="checkbox"/> Others: _____	

Are you currently taking any medications? ☐ YES ☐ NO  
If so, What/Why?: \_\_\_\_\_  
\_\_\_\_\_

#### HEALTH HABITS

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**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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**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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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 \_\_\_\_\_

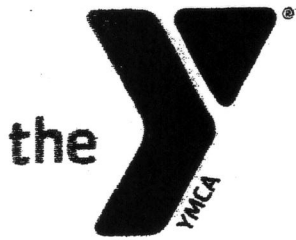
Physician's address \_\_\_\_\_

Physician's phone \_\_\_\_\_

Limitations and Medications: \_\_\_\_\_

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**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

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

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INFORMATION\*\*\*\***