



# APPLICATION FOR MEMBERSHIP & PROGRAMS

Date \_\_\_\_\_  
Staff Initial \_\_\_\_\_

The YMCA is a membership organization open to all. Everyone is welcome to apply regardless of race, religion, age, gender, sexual orientation, national origin, economic level or disability. If you can't afford the full cost of membership, financial assistance is available to the extent possible. Please ask for a confidential financial assistance application. The Y is a charitable organization that provides financial assistance to people in the community.

MEMBERSHIP TYPE										
<b>Membership Category (circle):</b> <b>Member</b> <b>Non Member</b> <b>Staff</b> <b>Membership Type (circle):</b> <b>Youth/Teen</b> <b>Adult</b> <b>Couple</b> <b>Senior</b> <b>Senior Couple</b> <b>Family 1-Adult</b> <b>Family 2-Adult</b> <b>Family 3-Adult</b> <span style="margin-left: 100px;">INS-Silver Sneaker</span> <span style="margin-left: 100px;">INS-Renew Active</span>										
PRIMARY MEMBER (Parent or guardian for applicants under 18 years of age)									Check ID <input type="checkbox"/>	
First Name			MI	Last Name			Date of Birth		Gender Identity	
Home Address				Apt	City			State	Zip Code	
Phone				Email						
Insurance Carrier (For Medicare Members)						ID #				
Employer Name			Business Address				Business Phone			
Ethnicity (circle)    Caucasian/White    African American/Black    Hispanic/Latino    Asian American    Native American/Pacific Islander    Other										
Have you been a YMCA member before? (circle)    Yes    No					Are you interested in volunteering? (circle)    Yes    No					
Emergency Contact First Name			Last Name			Phone Number		Relationship		
SECONDARY ADULT (Couple or Family 2 Adult)									Check ID <input type="checkbox"/>	
First Name			MI	Last Name			Relationship to Primary Member			
Phone			Email			Date of Birth		Gender Identity		
Employer Name				Business Address				Business Phone		
THIRD ADULT (Family 3 Adult)									Check ID <input type="checkbox"/>	
First Name			MI	Last Name			Relationship to Primary Member			
Phone			Email			Date of Birth		Gender Identity		
DEPENDENTS & APPLICANTS (17 YEARS OF AGE AND UNDER AS WELL AS COLLEGE STUDENTS 26 YEARS AND UNDER WITH 12 CREDITS)										
First Name			Last Name			Date of Birth		Gender Identity		

**CODE OF CONDUCT – Terms and Conditions**

The YMCA values caring, honesty, respect and responsibility. For the enjoyment of all, our members agree to abide by the rules and regulation of the YMCA. The protection of members and guests who are utilizing the facility is of paramount concern to the YMCA. All members and guests will be screened against a national sex offender database. If a sex offender match occurs, the YMCA will cancel membership and program participation.

We reserve the right to deny access or membership to any person whose behavior is judged to be in conflict with the welfare and safety of other members and/or staff; or who is a registered sexual offender; has pleaded guilty to or been convicted of any crime involving sexual abuse; or a crime against persons such as child, spousal or parental abuse or any offense relating to the sale or transportation of illegal, habit forming or dangerous drugs; is presently clearly under the influence of intoxicating beverages or behavior modifying drugs.

This code of conduct does not permit language or any action that can hurt or frighten another person or that falls below a generally accepted standard of conduct specifically inappropriate attire, angry or vulgar language, physical contact with another person in an angry or threatening way, any demonstration of sexual contact or activity, harassment or intimidation by words, gestures, body language or any other menacing behavior, theft or behavior resulting in destruction of property. Parents will be held responsible for the behavior of their children.

The YMCA is a weapon and smoke/vape free environment. This includes any type of devices or objects which may be used as weapons.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**INFORMED CONSENT/LIABILITY WAIVER/INDEMNITY AGREEMENT**

I/We, the undersigned, realize that there may be medical risks associated with physical exercise, the use of this facility, or use of equipment within the facility. I/We also recognize that the YMCA cannot evaluate my/our physical abilities and medical limitations as they pertain to participation in programs, to use the facilities, or use of equipment within the facility. I/WE therefore ASSUME ALL RISK AND RESPONSIBILITY for having a thorough medical examination performed, by a medical practitioner of my/our choice, before participating in any programs and prior to using the facilities or equipment within YMCA facilities. Furthermore, in consideration of my/our participation in the activities of the YMCA and its respective officers, employees and members, including but not limited to its or their own negligence, and do hereby for myself/ourselves, heirs, executors and administrators, WAIVE, RELEASE, COVENANT NOT TO SUE, AND FOREVER DISCHARGE any and all rights and claims for damages, personal injury, property damage, disability, death, sickness or disease which I/We may have or which may hereafter accrue to me arising out of or connected with my participation in any of the activities of the YMCA, use of its facilities, or use of equipment within its facilities.

In further consideration of the use of facilities and participation in programs, I agree to INDEMNIFY AND HOLD HARMLESS Releases from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of facilities and participation in programs by myself, my family members, dependents, or guests, including any minors.

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of YMCAs of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law. I, the undersigned, have read, understand and agree to the above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PHOTO RELEASE:**

I consent to the taking and use of still photography and/or motion pictures of me or my family for use of magazines, television, newspapers, etc. and to the non-commercial use of such photographs or motion pictures. I understand that the YMCA has no control over and is not responsible for the content in such publications and broadcasts.

I hereby waive payment or royalties for the exhibition or showing of photographs or motion pictures and/or the use of information provided by me. The YMCA will post signs when professional photographers or TV crews are on site so members have the option to avoid their images being utilized.

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Date

**FOR STAFF USE ONLY**

Guest Pass Processed Paid or Free \_\_\_\_\_

Alert or Member Note Placed \_\_\_\_\_

Birthday Party \_\_\_\_\_

**Notes**

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