

YMCA of Greater Seattle

Application for Membership

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 scholarship application. Participants needing other accommodation should contact their local YMCA. To provide an atmosphere that is safe and inclusive to all, the YMCA enforces a Code of Conduct. Membership is provided at the discretion of the Board of Directors and may be revoked.

YMCA Mission:

Building a community where all people, especially the young, are encouraged to develop their fullest potential in spirit, mind and body.



YMCA
OF GREATER SEATTLE

We build strong kids,
strong families,
strong communities.

MEMBER INFORMATION

Please check type of membership:

- Youth (0-13) (4010) Senior couple (5030) Adult Triangle (1020) Youth program (6661)
- Teen (14-20) (4510) Family* (3010) Family Triangle (3020) Adult program (6662)
- Adult (21-64) (1010) Single-parent family* (3210) SP Family Tri (3220) Family program (6663)
- Senior (65+) (5010) Other _____

*"Family" is a household with two adults, with or without dependents. "Single-parent family" is a household with one parent/guardian and dependent children.

PRIMARY MEMBER (Parent or guardian for applicants under 18 years)								CHECK ID <input type="checkbox"/>	
N A M E	Mr. Ms. Mrs. Dr.	Legal First Name	MI	Last Name	Preferred Name	Date of Birth <small>Month/Day/Year</small>	Gender	Ethnic Origin	
	Street							Apt/Unit #	
H O M E	City			State	Zip + 4	Home Phone ()	E-mail Address		
	Employer Name					Position/Occupation			
W O R K	Street							Suite #	
	City			State	Zip + 4	Work Phone ()	Preferred Mailing Address <input type="checkbox"/> Home <input type="checkbox"/> Business		
	Would you be interested in Volunteering at the YMCA?		<input type="checkbox"/> Yes <input type="checkbox"/> No Area of interest: _____						
EMERGENCY CONTACT (Other than in your household) Required for all memberships			Name					Phone ()	

2ND ADULT								CHECK ID <input type="checkbox"/>	
N A M E	Mr. Ms. Mrs. Dr.	Legal First Name	MI	Last Name	Preferred Name	Date of Birth <small>Month/Day/Year</small>	Gender	Ethnic Origin	
	Employer Name					Position/Occupation			
W O R K	Street							Suite #	
	City			State	Zip + 4	Work Phone ()	E-mail Address		

DEPENDENTS AND APPLICANTS UNDER 18 YEARS OF AGE						
Legal First Name	MI	Last Name (if different)	Date of Birth <small>Month/Day/Year</small>	Preferred Name	Gender	Ethnic Origin
			Month/Day/Year			
			Month/Day/Year			
			Month/Day/Year			
			Month/Day/Year			

DEMOGRAPHIC INFORMATION

What prompted you to visit the YMCA?

I heard about the YMCA...

- Looked in the phone book (Y)
- YMCA web page/Internet (Z)
- Saw the YMCA building or sign (W)
- Brochure from school (S)
- I saw or read a story about the YMCA (E)
- Rejoining as part of previous member promotion (P)

- Ad on Bus (B)
- Radio (R)
- TV (T)
- Brochure in the mail (D)
- Newspaper ad (N)
- Other (O)

What is your primary reason for joining the YMCA?

- To improve personal or family health (A)
- To participate in a specific program or activity (B)
- Family recreation and activities (C)
- Youth programs (D)
- Teen programs (E)
- Other (O)

Referral Name

- From a friend (F)
- From my employer (G)
- Through my health plan (K)
- Sponsored by another member (M)

If you plan to participate in YMCA health and fitness programs, please check the statement that best describes your current level of exercise.

Primary Member: _____

- Regular exerciser (A)
- Non-exerciser looking to start (B)
- Exercised in the past, looking to start again (C)
- Other (D)
- Unknown (E)

Second Adult: _____

- Regular exerciser (A)
- Non-exerciser looking to start (B)
- Exercised in the past, looking to start again (C)
- Other (D)
- Unknown (E)

Please check the box that represents your approximate annual household income.

<input type="checkbox"/> Below \$15,000 (AA)	<input type="checkbox"/> \$15,000 - \$25,000 (BB)	<input type="checkbox"/> \$25,051 - \$38,250 (CC)
<input type="checkbox"/> \$38,251 - \$59,999 (DD)	<input type="checkbox"/> \$60,000 - \$99,999 (EE)	<input type="checkbox"/> \$100,000+ (FF)

CONDITIONS OF MEMBERSHIP

Member Health: The applicant(s) represents that he/she is in physically sound condition and understands that participation in aerobics and other exercise, weight training, recreational sports, and use of pools, spas, saunas, steam rooms and fitness equipment carry a potential risk of injuries or illness. The applicant further understands that the YMCA of Greater Seattle assumes no responsibility for any such injury or illness.

Member conduct and right to use the facility: Applicant agrees to abide by all policies and procedures of the YMCA of Greater Seattle and its branches and understands that failure to act in accordance with these rules may result in expulsion from the YMCA and revocation of the membership.

Criminal History: The applicant acknowledges that it is the policy of the YMCA of Greater Seattle to deny membership to any individual convicted of a sexual offense and that the YMCA will periodically check its membership records for criminal history.

Property Loss: The applicant understands that the YMCA of Greater Seattle is not responsible for personal property lost, damaged or stolen while using YMCA facilities or participating in YMCA programs.

Photograph Permission: The applicant hereby gives permission for the YMCA (local, national and international) to use, without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret YMCA programs.

Insurance: The applicant understands that the YMCA of Greater Seattle does not provide any accident or health insurance for its members or participants and further understands it is the applicant's responsibility to provide such coverage.

Signature of Applicant
(Parent or Guardian of Applicants under 18)

Date

Additional Adult Applicant

Date

RELEASE AND WAIVER OF LIABILITY

In consideration of being permitted to utilize the facilities, services and programs of the YMCA of Greater Seattle ("YMCA") for any purpose including, but not limited to, observation or use of facilities and equipment and participation in any program affiliated with the YMCA without respect to location, I, on behalf of myself and any children, dependents or personal representatives, hereby:

1. **Acknowledge that I have (a) read this release and waiver of liability; (b) had the opportunity to inspect the YMCA's facilities and equipment** or will immediately upon entering or participating will inspect and carefully consider such premises, facilities or program; (c) **accept the facilities, equipment and program as being safe and reasonably suited for the purposes intended** and (d) **voluntarily sign this release and waiver of liability.**

2. **Release the YMCA, its directors, officers, employees, agents and volunteers (collectively "YMCA Releasees") from all liability** to me for any loss or damage to property or injury or death to person, whether caused by the ordinary negligence of the YMCA Releasees or any other person, and while I am in, upon or about any YMCA branch or any facilities or equipment therein or participating in any program or service affiliated with the YMCA.

3. **Agree not to sue the YMCA Releasees for any loss, liability, damage, injury or death described above and I agree to indemnify and hold harmless the YMCA Releasees** and each of them from any loss, damage or cost they may incur due to my presence in, upon or about any YMCA branch or any facilities or equipment therein or my participation in any program or service affiliated with the YMCA whether caused by the ordinary negligence of the YMCA Releasees or by any other person. I assume full responsibility for the risk of such loss, liability, damage, injury or death.

I intend for this release and waiver of liability to be as broad and inclusive as is permitted by the laws of the State of Washington. If any portion hereof is held invalid, I agree that the balance shall continue in full force and effect.

Applicant Signature

Date

Additional Applicant Signature

Date

For Staff Use Only

Join Date (MM/DD/YY)	Branch	Initial Payment (separate fees)	Receipt #	Enrolled By	Checked By
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