

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.

MEMBERSHIP TYPE

Choose Access: YMCA Program Membership YMCA of Greater Seattle Facility Membership YMCA Triangle

Choose Type: Youth Teen Adult Senior
 Family Couple Single Parent Family

PRIMARY MEMBER (Parent or guardian for applicants under 18 years)

Check ID

Title	Legal First Name	MI	Legal Last Name	Preferred Name	Date of Birth	Gender
Home Address			City	State	Zip Code	
Phone Number	Cell Phone		Work Phone	Preferred Mailing Address <input type="checkbox"/> Home <input type="checkbox"/> Work		
Primary Email						
Employer Name			Title/Occupation			
Work Address			City	State	Zip Code	

GENERAL INFORMATION

Emergency Contact Name (Required. Must be out of household)	Relationship	Phone Number
Have you been a YMCA Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where:	
Are you interested in Volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No	Area of Interest:	

SECONDARY ADULT

Check ID

Title	Legal First Name	MI	Legal Last Name	Preferred Name	Date of Birth	Gender
Work Phone			Cell Phone			
Primary Email						
Employer Name			Title/Occupation			
Work Address			City	State	Zip code	

DEPENDENTS & APPLICANTS UNDER 18 YEARS OF AGE (23 if full time student living at home)

Legal First Name	MI	Legal Last Name	Preferred Name	Date of Birth	Gender

DEMOGRAPHIC INFORMATION

The YMCA strives to serve the needs of our individual communities. The information gathered from the questions below helps us ensure our membership represents the communities in which we are located.

1. Ethnicity of Primary Adult

- African American/Black (A) Chinese (C) Eastern European (E) Filipino (F) Hispanic/Latino (H) Middle Eastern (I)
 Japanese (J) Multiracial (M) Native American (N) Cambodian (O) Pacific Islander (P) Caucasian (W)
 Other: _____ (Z)

2. Ethnicity of Secondary Adult

- African American/Black (B) Chinese (C) Eastern European (E) Filipino (F) Hispanic/Latino (H) Middle Eastern (I)
 Japanese (J) Multiracial (M) Native American (N) Cambodian (O) Pacific Islander (P) Caucasian (W)
 Other: _____ (Z)

3. What prompted you to visit the YMCA today?

- Looked in the Phone Book (Y) Ad on a Bus (B)
 YMCA web page/Internet (Z) Radio (R)
 Saw the YMCA building or sign (W) TV (T)
 Brochure from School (S) Brochure in the Mail (D)
 I saw or read a story about the YMCA (E) Newspaper Ad (N)
 Previous Member (P) Other _____
 From a friend (F) _____
 From my Employer (G) _____
 From my Health Plan (K) _____
 Sponsored by another Member (M) _____

4. 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)

5. If you plan to participate in YMCA health and wellness 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)

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

- Below \$15,000 (AA) \$15,000-\$25,500 (BB) \$25,001-\$38,250 (CC) \$38,251-\$59,999 (DD)
 \$60,000-\$99,999 (EE) \$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.

Cell Phone/ Video Taping: Due to the advances in video equipment and telephone video technology, and for the safety and security of our members and guests, any and all video equipment may not be used in locker rooms, dressing areas, shower areas, restrooms, or other areas generally deemed to be "private" within YMCA facilities. The YMCA of Greater Seattle requests that cell phone usage be reserved for lobby areas only.

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 or Guardian

Date

Additional Adult Applicant

Date

LIABILITY WAIVER

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 Releases") 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 Releases 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 Releases for any loss, liability, damage, injury or death described above and I agree to indemnify and hold harmless the YMCA Releases 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 Releases 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.

Signature of Applicant or Guardian

Date

Additional Adult Applicant

Date

