



SHENANGO VALLEY YMCA

Membership Application

Everyone is welcome at the Y 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, based on eligibility and current funding.

MEMBERSHIP TYPE	
STAFF ONLY: Membership Type: <input type="checkbox"/> Full Member <input type="checkbox"/> Youth <input type="checkbox"/> Corporate <input type="checkbox"/> Nationwide/Reciprocity <input type="checkbox"/> Insurance <input type="checkbox"/> Visitor <input type="checkbox"/> Other Health Insurance Member Only: ID# _____ Type: _____ Membership Category: <input type="checkbox"/> Youth (under 13) <input type="checkbox"/> Young Adult (14-23) <input type="checkbox"/> Adult (24-64) <input type="checkbox"/> Senior (65+) <input type="checkbox"/> 1-Parent Family <input type="checkbox"/> Family <input type="checkbox"/> FA Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check Staff Initials _____ Date _____	

PRIMARY MEMBER (Parent or guardian for applicants under 18 years of age)				STAFF: ID CHECK <input type="checkbox"/>		
First Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other		MI	Last Name		Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address			Apt	City	State	Zip
Home Phone		Cell Phone		Email		
Emergency Contact Name		Emergency Number		Relationship		
Insurance Carrier (May be illegible for discounts)				Policy Number		
Employer Name		Occupation		Work Number		
Optional Ethnicity <input type="checkbox"/> Caucasian / White <input type="checkbox"/> African American / Black <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Asian American <input type="checkbox"/> Native American / Pacific Islander <input type="checkbox"/> Other						
Have you ever been a YMCA Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you interested in Volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECONDARY MEMBER / SPOUSE (Parent or guardian for applicants under 18 years of age)					
First Name		MI	Last Name		Relationship to Primary Member
Phone		Email		Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Employer Name		Occupation		Work Number	

DEPENDENTS & APPLICANTS (18 YEARS OF AGE AND UNDER OR ANYONE ON THE FAMILIES TAX RETURN)				
First Name	MI	Last Name	Date of Birth	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female

OPTIONAL APPROXIMATE ANNUAL HOUSEHOLD INCOME	
<input type="checkbox"/> Below \$20,999 <input type="checkbox"/> \$21,000-\$40,999 <input type="checkbox"/> \$41,000-\$70,999 <input type="checkbox"/> \$71,000-\$125,999 <input type="checkbox"/> \$ 126,000-\$150,999 <input type="checkbox"/> \$151,000+	

OPTIONAL DONATION: I want to help underprivileged youth and families in my community participate in Y programs. I authorize the Y to add the following amount to my monthly bank draft to support the YMCA Annual Campaign:	
<input type="checkbox"/> \$3 per month <input type="checkbox"/> \$5 per month <input type="checkbox"/> \$10 per month <input type="checkbox"/> Other amount:\$ ___ per month <input type="checkbox"/> \$ ___ 1-Time Gift	
Authorized Signature: _____ (Must sign to acknowledge intent to donate)	

Shenango Valley YMCA Membership/Program/Special Event Release and Waiver of Liability

TERMS AND CONDITIONS

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.

I/We agree to abide by the rules and regulations of the YMCA, which are designed for the enjoyment of all its members, participants and guests. The protection of members, participants, and guests who are utilizing the YMCA are of paramount concern to the YMCA. We reserve the right to deny access of membership and/or participation to any person or child whose behavior is determined to be in conflict with the welfare and safety of other members, participants, guests and/or staff. This includes a person 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 a child, spousal or parental abuse. It will also include any offense related 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 child or that falls below a generally accepted standard of conduct. This includes 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 the destruction of property. Parents are held responsible for the behavior of their children.

INFORMED CONSENT/LIABILITY WAIVER AGREEMENT

I/We, the undersigned, realize that there may be medical risks associated with physical exercise, participation in a program, the use of this facility/satellite locations, or use of equipment within the facility(ies). I/We also recognize that the YMCA cannot evaluate my/our physical abilities and medical limitations as they pertain to participation in programs/sports, to use the facilities, or use of equipment within the facilities. I/WE THEREFORE ASSUME ALL RESPONSIBILITY FOR OURSELVES AND OUR CHILD(REN) FOR HAVING A THOROUGH MEDICAL EXAMINATION PERFORMED, BY A MEDICAL PRACTITIONER OF MY/OUR CHOICE, BEFORE PARTICIPATING IN ANY PROGRAMS/SPORTS AND PRIOR TO USING THE FACILITIES OR EQUIPMENT WITHIN YMCA FACILITIES. In the event that a medical emergency should occur I hereby give permission to receive emergency medical treatment and/or I/we hereby give permission on behalf of our child(ren) to receive emergency medical treatment.

Furthermore, in consideration of my/our participation in the activities of the YMCA and its respective directors, officers, employees, agents, and members, including but not limited to its or their own negligence, and do hereby for myself/ourselves, heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for any loss, liability, injury, damage or damage to personal property which I/We may have or which may hereafter accrue to me/us while on YMCA premises or arising out of or connected with participation or observation of any YMCA activities, use of its facilities/satellite locations, or use of equipment within its facilities/satellite locations.

By participating in the YMCA Nationwide Membership Program, I/we agree to release the National Council of YMCAs of the United States of America, and it's 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.

PHOTO RELEASE

I/We hereby consent to have photographs/video images taken of me/us by a YMCA staff member or a professional approved by the YMCA and the use of such visual images at the discretion of the YMCA. I/We hereby release the YMCA, its directors, officers, employees and agents from any and all liability, which may arise from taking or the use of such photographs/images. All negatives, positives, prints, or other visual images shall remain property of the YMCA.

I/We, the undersigned, have read, understand and agree to the above.

Primary Name (Print)

Primary Signature

Date

Secondary Name (Print)

Secondary Signature

Date

COMPLETE THIS SECTION IF MEMBER(S)/PARTICIAN(T)(S): Because the above member is a minor, ____ years of age, or is unable to sign for any reasons.

The above consent is given on the member's/participant's behalf by:

Name of Parent or Legal Guardian (Print)

Parent or Legal Guardian Signature

Date

Staff Signature: _____

Staff Tour Guide's Name: _____