



SHENANGO VALLEY YMCA MEMBERSHIP APPLICATION

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

First Name: Last Name:

Address: City: ST: Zip:

Gender: Male Female Birth date: Email Address:

Occupation: Employer:

Home Phone: Cell Phone: Emergency Phone:

HEALTH INSURANCE: Do you have health insurance provided by one of the following:
Aetha, Health America or HighMark Yes No (if yes, you may be illegible for discounts)

Family Info:
Spouse: Gender: M F Birth date:
Child: Gender: M F Birth date:
Child: Gender: M F Birth date:
Child: Gender: M F Birth date:
Child: Gender: M F Birth date:
I was referred to this YMCA by (Print YMCA member's name) and I would like to recognize them so they can receive their gift from the "Member Referral Program"

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

I have my doctor's permission to participate in YMCA activities/membership. I fully understand the potential risks involved in participation with this program/membership. In the event that a medical emergency should occur I hereby give permission to receive emergency medical treatment.
I hereby release, waive, discharge and agree to indemnify and hold harmless the Mercer County Housing Authority, the Borough of Greenville, the YMCA and their directors, officers, employees, and agents from any loss, liability, damage, or any cost including any claim or demands therefore on account of any injury to me or damage to my property while I am upon the YMCA premises, or observing or using any facilities or equipment of the YMCA or participating in any YMCA program.
I hereby consent to having photographs/video images taken of me 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 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 have read and voluntarily sign this release and waiver of liability. I further agree to follow YMCA Safety Policies and Procedures along with the Program Rules and Regulations and Membership Comfort and Safety Rules and Regulations. Failure to do so may result in expulsion from the YMCA and its programs. I have read and understand the YMCA Refund Policy on programs/memberships.

GREENVILLE BOROUGH RESIDENTS: I understand that my name, address, phone number, membership type and scholarship amount will be reported to the Borough of Greenville for tracking purposes, and hereby grant permission to the YMCA to report this information.

MERCER COUNTY HOUSING AUTHORITY RESIDENTS: I understand that my name, address, phone number, membership type and scholarship amount will be reported to the Mercer County Housing Authority for tracking purposes, and hereby grant permission to the YMCA to report this information.

ADULT MEMBER NAMES (PRINT) ADULT MEMBER SIGNATURES DATE

COMPLETE THIS SECTION IF MEMBER IS A MINOR: 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 behalf by:

NAME OF PARENT OR LEGAL GUARDIAN (PRINT) SIGNATURE OF PARENT OR LEGAL GUARDIAN

The reason our membership/program cost is so reasonable is in part due to funding from the United Way and other organizations. Many of these organizations request the following information in order to continually provide funding. The information below is kept private and confidential. Survey information will be provided in a group excluding names

Please to help us keep our cost low by answering the following:

- Ethnicity: White/Caucasian Black/African American Hispanic//Latino Asian Other
Marital/Children status: Married with children Married, no children Single female, with children Single male, with children Single no children
Employment status: Employed Unemployed Retired
Household income: \$11,999 or under \$12,000 to \$14,999 \$15,000 or \$24,999 \$25,000 to \$49,999 \$50,000 or above Unknown
Membership type: Adult Youth Youth/Young Adult Senior Family One Parent Family Military Financial Aid Non - Member

Staff Signature: Tour Guide's Name:



**Shenango Valley YMCA
For Your Safety & Comfort
Rules & Guidelines...Please Read and Sign**

1. Children under 14 are not permitted to use the fitness center unless they pass the WIT Program
2. Wear proper gym attire (loose/modest/non-revealing athletic clothing and shoes; sandals at your own risk)
3. Do not wear street shoes or outside shoes in the aerobic room
4. Open containers are prohibited in the fitness area
5. **STOP** exercising immediately if you experience shortness of breath, excessive sweating, light-headedness, dizziness, rapid heart rate, chest pain, muscular or joint pain etc.
6. When we are busy, **please limit time to 30 minutes** on cardio equipment
7. Please wipe off equipment (spray the paper towel with cleaner then wipe down the machine vs. spraying the machine directly, for this damages the equipment)
8. Please replace free weights to the proper location after use and allow others to share equipment between sets
9. Always ask a staff member to spot you when attempting **maximum** weights; please **DO NOT** throw or drop weights
10. Please keep hands and feet away from moving equipment
11. **DO NOT** attempt to repair any equipment that appears to be damaged/malfunctioning (report issues to a staff member)
12. Please do not bring gym bags or purses into the Fitness Center (please use lockers or cubbies)
13. The Y is not responsible for unlocked and/or abandon personal items
14. See staff on how to use the sauna
15. No Showering/use of sauna 15 minutes prior to closing time and please exit the building promptly at closing time
16. Please limit cell phone use to the lounge; cell phones may not be used in the locker rooms
17. Profanity, smoking, weapons and/or illegal chemicals are prohibited within or on YMCA property
18. Aggressive/threatening physical contact, harassment or intimidation by words, gestures, body language, or any type of menacing behavior is prohibited
19. Loitering within or on the grounds of the YMCA is not permitted
20. The Y reserves the right to deny access or membership to any person who has been accused or convicted of any crime involving sexual abuse, is or has been a registered sex offender, has ever been convicted of any offense relating to the use, sale, possession, or transportation of narcotics or habit forming and/or dangerous drugs, or is presently or habitually under the influence of dangerous drugs or chemicals, narcotics, or intoxicating beverages
21. Violation of these rules is grounds for termination of membership

Memberships are not refundable, but can be transferred to another person. Memberships may be extended only if the member provides a doctor's excuse that lists the dates that the person was unable to exercise. Membership prorated refunds may be issued in cases dealing with death, extreme medical or hardship situations. Thank you for choosing the Shenango Valley YMCA!

Print name: _____

Print Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Mandatory Fitness Center Orientation: FREE

Meet with one of our health and fitness professionals, in a small group or individually, where you will learn about the YMCA and our fitness equipment. Participants are educated in basic exercise principles and how to begin a safe and effective exercise program. For your comfort, please dress in proper workout attire - athletic shoes, workout shorts, sweats, etc. An orientation is strongly recommended for members with experience working with fitness equipment, and is required for members with no experience. You may sign up your entire family for a single orientation.

Please schedule your appointment at the YMCA front desk.

Completed by Y Staff: Orientation Appointment Date: _____ Time: _____

If you feel you are sufficiently familiar with our fitness equipment, and choose not to participate in this free orientation, please sign your name below, to indicate that you have been advised to participate, but have chosen not to at this time.

Print Name: _____

Date: _____

Signature: _____