

MEMBERSHIP



APPLICATION

First Name: _____ Last Name: _____

Address: _____ City: _____ ST: _____ Zip: _____

Gender: Male Female Birth date: ____/____/____ Email Address: _____

Occupation: _____ Employer: _____

Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____ Emergency Phone: _____ - _____ - _____

Family Information

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 the following 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 other

Employment status:

- Employed Unemployed Retired Unknown

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: _____