



# Meadville Family YMCA

## Membership Application

We're for youth development, healthy living, and social responsibility.

Join Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Membership (check one)

Adult <input type="checkbox"/>	Family <input type="checkbox"/>	Senior (55+) <input type="checkbox"/>	College <input type="checkbox"/>	Senior Family <input type="checkbox"/>	Youth <input type="checkbox"/>	Single Parent Family <input type="checkbox"/>
--------------------------------	---------------------------------	---------------------------------------	----------------------------------	--	--------------------------------	---

**ALL INFORMATION IS KEPT CONFIDENTIAL. PLEASE PRINT LEGIBLY.**

Adult First name: \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M F

Adult First name: \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ M F

Address: \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Email \_\_\_\_\_ Were you referred to join the YMCA? \_\_\_\_ If yes, name of person \_\_\_\_\_

I would like to receive emails about updates at the Meadville Family YMCA. Y  N

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

**Children(s) names (18 years old or under):**

Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ M \_\_\_\_ F \_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ M \_\_\_\_ F \_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ M \_\_\_\_ F \_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ M \_\_\_\_ F \_\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ M \_\_\_\_ F \_\_\_\_

**Ethnicity** \_\_\_\_ Asian \_\_\_\_ African-American \_\_\_\_ Hispanic \_\_\_\_ Latino \_\_\_\_ Caucasian \_\_\_\_ Other

**Membership Agreement**

I desire to engage voluntarily in the use of YMCA facilities and exercise programs. I understand that I am responsible for monitoring my own condition at all times when I am engaging in exercise at the YMCA or in a YMCA sanctioned program either on or off YMCA premises.

\_\_\_\_\_ Initials

I understand that the physical activities which I may participate in at the YMCA either as a part of an exercise program or on my own could include but may not be limited to cardiovascular training, weight lifting, aerobic exercise classes, volleyball, basketball, and softball.

\_\_\_\_\_ Initials

I agree to consult my physician and obtain permission prior to the commencement of any physical activity.

\_\_\_\_\_ Initials

I agree to assume responsibility for any risk associated with my presence, participation and /or use of YMCA facilities or programs and, I release the YMCA, its agents, and/or employees, from liability for the risk or injury, illness, or death on account of my involvement in any such physical activity at the YMCA facility.

\_\_\_\_\_ Initials

**CANCELLATION POLICY**

It is to my complete understanding that if I wish to terminate or change my membership in any way, I must give the YMCA a 30 day written notice. I understand that I must turn in all of my membership cards upon termination, and that I will receive temporary cards for the balance of the time I have paid or will be paying.

\_\_\_\_\_ Initials

Member Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

