

Membership #

WELCOME!

MEMBERSHIP APPLICATION • YMCA of Central Texas

OFFICIAL USE ONLY Join Date: _____ Amount Paid: _____ Annual Pay Payroll Draft Other
Membership Type: Youth Young Adult* Adult Couple Family I Family II
Staff Initials: _____ Senior Senior II Senior Family Corporate Employee Military

To help us serve you better, please fill out the following information, which will be kept confidential.

Adult #1 First Name _____ MI _____ Last Name _____

Adult #1 Gender M F Date of Birth _____

Adult #2 First Name _____ MI _____ Last Name _____

Adult #2 Gender M F Date of Birth _____

Address _____

City _____ State / Zip _____

Home Phone _____ Cell / Work Phone _____

Email _____

Adult #1 Occupation _____ Employer _____

Adult #2 Occupation _____ Employer _____

Emergency Contact _____ Relationship _____ Phone _____

	Dependent / Children's Names	M/F	Birth Date	Relationship
03				
04				
05				
06				
07				
08				
09				

How did you hear about the Y? Internet Newspaper TV/Radio Walk-In Y Publication Y Member Other: _____

Why did you join the Y? _____

The Y is a volunteer-driven organization. We utilize volunteers in programs such as youth sports, special events and facility projects. With that being said, we can use your help and would like to know whether or not a staff member may contact you about volunteering?
 Yes No

If yes, what special skills do you have(e.g. carpentry, coaching, plumbing)? _____

Additionally, what areas are you interested in (e.g. youth sports, special events)? _____

**** PLEASE INITIAL, SIGN & DATE THE REVERSE ****

Annual Campaign

One hundred percent of the money donated to our annual campaign goes directly to help those who cannot afford Y programs in our community due to financial constraints. If you would like to help, please indicate your contribution to the campaign below:

\$10 \$25 \$50 \$100 Other _____

All contributions are tax deductible to the extent of the law.

Demographic Information

For the purposes of compiling demographic information on our membership, we ask you to complete the following information. Please note that providing this information, which will be kept confidential, is voluntary and not required for membership to the Y.

Adult #1 Ethnicity

Hispanic or Latino Black or African-American Native Hawaiian or Other Pacific Islander White
 Asian American Indian or Alaska Native Two or More Races Other

Adult #2 Ethnicity

Hispanic or Latino Black or African-American Native Hawaiian or Other Pacific Islander White
 Asian American Indian or Alaska Native Two or More Races Other

Membership Application Notice

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.

Membership Waivers

Please **INITIAL** or **ANSWER** all lines to indicate received written policies / materials and agree to terms with **SIGNATURE** below.

_____ **Waiver for Program Participation (REQUIRED):** I understand that Y activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all Y programs and facilities, including transportation to and from said activities. I further release, absolve, indemnify and agree to hold harmless, the Y, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of Y facilities or participation in any Y activity, whether located on Y property or not.

_____ **Waiver for Photo / Video / Audio Release (OPTIONAL):** I give my consent for any photos, video and/or audio taken of my child involved in Y programs to be used for Y promotions, trainings and/or displays.

_____ **Membership Policies Waiver (REQUIRED):** I understand that membership to the Y is a privilege and may be revoked for conduct unbecoming a member as stated in the rules of the facility or at the discretion of the director. I further understand that membership dues are not refundable. It is my understanding that if I wish to terminate my membership in any way, I must give the Y a 14-day written notice from my original draft date. All new facility members will pay a non-refundable joining fee to be used for capital expenditures and continued development of the YMCA of Central Texas. Anyone whose membership has lapsed must pay a \$90 reinstatement fee upon re-registering within the first 90 days. After 90 days the full joining fee must be paid.

_____ **Nationwide Membership Waiver (REQUIRED):** By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its 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.

Parent /Guardian Signature (if under 18 years of age) _____ Date _____

Signature _____ Date _____

Staff Initials _____ Date _____