



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Membership #

WELCOME!

MEMBERSHIP APPLICATION • DICKSON COUNTY FAMILY YMCA

YMCA STAFF USE ONLY

Staff Initials: _____ Join Date: ___/___/___ Amount Paid: _____
 Membership Type: Family Individual Senior Adult Senior Family Single Parent
 DBOE Family DBOE Individual Teen Verified by: _____ Date: ___/___/___

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

Primary's Information

First Name: _____ MI: _____ Last: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone #: _____ Email: _____
 Age _____ Date of Birth: ___/___/___ Gender: Male Female
 Your Occupation: _____ Your Employer: _____
 Emergency Contact NAME: _____ Relationship: _____ Phone #: _____

Spouse/Dependent(s)/Children's Information

Name: _____ Phone #: _____ Email: _____ Age _____ Date of Birth: ___/___/___ Gender: Male Female Relationship: _____ School/Employer: _____
Name: _____ Phone #: _____ Email: _____ Age _____ Date of Birth: ___/___/___ Gender: Male Female Relationship: _____ School/Employer: _____
Name: _____ Phone #: _____ Email: _____ Age _____ Date of Birth: ___/___/___ Gender: Male Female Relationship: _____ School/Employer: _____
Name: _____ Phone #: _____ Email: _____ Age _____ Date of Birth: ___/___/___ Gender: Male Female Relationship: _____ School/Employer: _____
Name: _____ Phone #: _____ Email: _____ Age _____ Date of Birth: ___/___/___ Gender: Male Female Relationship: _____ School/Employer: _____
Name: _____ Phone #: _____ Email: _____ Age _____ Date of Birth: ___/___/___ Gender: Male Female Relationship: _____ School/Employer: _____

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)? _____

CONTINUED ON BACK

Annual Campaign *Optional*

One hundred percent of 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: _____ One Time Monthly Annually

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

Demographic Information *Optional*

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.

Primary's 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.

Health History *Optional*

Does anyone previously listed have any serious medical conditions that we should be aware of? If so, please write their name and check the correct box or write a short description in "Other". Name: _____

Anaphylaxis Diabetes Heart Disease Other: _____

Membership Waivers

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

Member Participation Waiver: **(REQUIRED)** Participant specifically assumes all risks of injury arising out of his/her presence on the premises of the Young Men's Christian Association (the "YMCA"), my use of all equipment or facilities and my participation in its activities, whether on its premises or at another location, and for myself and my heirs and assigns hereby waive, release and agree to hold free from all claims for all damages the YMCA and its officers, directors, members, employees or agents. I understand the risks and dangers involved in participating in the programs and activities of the YMCA, I am physically capable of participating in such programs and agree not to participate in any activity that may injure myself or others.

Member Waiver for Photo / Video / Audio Release **(REQUIRED)**: I understand and give my consent for any photos, video, and/or audio taken of my child and/or myself involved in Y programs to be used for Y promotions, training, and/or displays. In the event I DO NOT want to be in YMCA promotional material I will let the photographer and/or videographer know at that time.

Member Membership Policies Waiver **(REQUIRED)**: I understand that membership to the Y is a privilege and may be revoked for conduct unbecoming a member as states in the rules of the facility or at the discretion of the director.

Member **(REQUIRED)** I understand that members are responsible for checking their bank statements for incorrect charges. I further understand that if an error occurs the "Primary Member" can be refunded up to 3 months past the charge. I, understand by signing this membership agreement that the YMCA requires a Change or Cancellation form to be completed by the "Primary Member" to make any changes to my membership, including stopping my bank draft, and adding or removing members and/or cancellation/hold of my membership. **STAFF** understand that my membership dues are withdrawn on the 1st or 15th of the month, and that my Change Form or Cancellation Form must be received by the YMCA at least 48 hours prior to the FIRST DAY of the upcoming month in order not to be billed for and be liable for charges for the upcoming month. All new facility members will pay a non-refundable joining fee to be used for capital expenditures and continued development of the Dickson County Family YMCA. Anyone whose membership has lapsed or has been cancelled due to lack of payment must pay the joining fee if balance has not been paid within 30 days of the date of cancellation.

Member 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.

Member **(REQUIRED)** I am aware of the wellness floor policies for children ages 14 and under. I am aware that children ages 8 years old and under are **NOT ALLOWED** on the wellness floor. They are allowed to walk the track with a parent/guardian only. I am aware in order for children ages 9 - 14yrs old to be on the wellness floor. They **MUST** have taken and passed an Equipment Orientation by our wellness staff. **(SEE AGE REQUIREMENTS)**

STAFF Signature (If Minor, Signature of Parent/Guardian): _____ Date: _____

Staff Signature: _____ Date: _____