



YMCA of Cass and Clay Counties
Membership Application

Primary Member Information

 Last Name First Name Middle Initial

Date of Birth _____ Gender Male Female

 Address

 City State ZIP Code

 Home Phone Number Cell/Alternate Phone Number

 Parent/Guardian Name (If primary member is under 18 years) Phone Number

 Employer/School City State

 E-mail Address

Do you wish to receive YMCA updates via e-mail? Yes No

Has anyone included on this membership application been on a registered sex offender list? Yes No

Referred by: Name: _____ Phone Number: _____

Do you have health insurance? Yes, Self Yes, Family No

Insurance Provider: _____

Emergency Contact

 Name Phone Number

Family Members

Spouse / 2nd Adult

 First Name Last Name Date of Birth Gender

 Employer/School City State

Children / Dependents

 First Name Last Name Date of Birth Gender

(If more room is needed, please use back of form.)

Date: _____

Membership Type

- Youth (Ages 14 and younger)
- Student (Ages 15-17)
- Young Adult (Ages 18-24)
- Adult (Ages 25-64)
- Senior (Ages 65+)
- Family
- Household
- Senior Family
- Single-Parent Family

Payment Method

- Monthly Bank Draft
- Annual Pay (10% Discount)

How did you hear about us?

- Friend Brochure/Mailing
- Radio Television
- Newspaper Drove By
- Employer Phone Book
- Medical Reference
- Website / Internet
- Other, please specify: _____

Areas of Interest

- Weights Cardio
- Aquatics Group Fitness
- Racquetball / Handball
- XerZone Climbing Wall
- Skate Park Family Programs
- Youth/Teen Programs
- Adult Programs
- Child Care / Preschool

The following information is used to help us secure grant funding and better serve our members. All answers are confidential.

Financial Assistance

The YMCA offers income-based financial assistance to individuals with a proven inability to pay the cost of services. Would you like to be considered for this program?

- Yes No

Annual Household Income

- \$0-\$14,999
- \$15,000-29,999
- \$30,000-49,999
- \$50,000-74,999
- \$75,000+

Race

- White/Caucasian Other
- Native American Asian/Pacific
- African American Islander
- Hispanic/Latino

Office Use Only

Referred Member's ID #: _____

YMCA of Cass and Clay Counties

Membership Guidelines & Waivers

I/We are applying for membership to the YMCA of Cass and Clay Counties and agree to cooperate with its members in carrying on the work and mission of the YMCA within the following guidelines:

It is my/our responsibility to conduct my/our personal affairs in a manner that affirms the mission of the YMCA.

In consideration of my participation in the activities of the YMCA of Cass and Clay Counties, I do, for myself, my heirs, executors and administrators, waive any and all claims for damages for any injury to myself which may have been sustained arising out of or connected with such participation and I release and discharge the YMCA of Cass and Clay Counties, its members, officers, employees, or agents from any and all liability whatsoever arising out of or connected with such participation.

The YMCA reserves the right, but assumes no obligation, to conduct background checks on all applicants for membership.

I do hereby declare myself to be physically sound having medical approval to participate in the activities of the YMCA of Cass and Clay Counties.

Code of Conduct:

The YMCA of Cass and Clay Counties is committed to providing a safe and welcoming environment for all members and guests. Conduct that does not support the YMCA mission or core values of caring, honesty, respect, responsibility and health is not acceptable.

Be responsible - You are responsible for your behavior. If you have a concern or problem, please contact a YMCA staff person.

Be caring - No fighting, physical or verbal confrontation is allowed in YMCA programs or facilities. Refrain from abusive or profane language.

Be respectful - Intentional damage to another person's property or YMCA property will not be tolerated. Mistreatment or harassment of YMCA members or staff is strictly prohibited.

Be honest - You are expected to be honest and professional with other members and staff.

Be healthy - Unsafe or dangerous behavior will not be tolerated. Your YMCA is a safe zone. Use or possession of drugs, alcohol, or weapons is not allowed in YMCA programs or facilities. No smoking is allowed in YMCA facilities.

Violation of these guidelines may result in suspension or revocation of membership.

Photo/Video Release:

For my participation in activities to be conducted by the YMCA of Cass and Clay Counties, I hereby give my permission and consent, now and for all time, to the YMCA of Cass and Clay Counties, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with the YMCA of Cass and Clay Counties and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me/members on my account and/or my narrative account of my experience at the YMCA of Cass and Clay Counties, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

Primary Member Name (Please Print)

Primary Member Signature (or Parent/Legal Guardian signature if primary member is under 18 years)

Date

Waiver and Assumption of Risk

Please consult with your physician before beginning any exercise program.



I acknowledge that I have voluntarily chosen to participate in one or more physical exercise or fitness activity or sport programs (the "Programs"). I acknowledge (i) the nature of the risks of the particular Programs in which I have chosen to participate, and (ii) the strenuous nature of those Programs. I understand, for example, the risks associated with physical injury, abnormal blood pressure, heart attack and even death; as well as the risks associated with the negligence of a Healthways participating location and any other organization or individual participating or involved in providing or promoting any classes, functions, Programs, testing, or other activities that I participate in as a Healthways Program member (including without limitation the owners, officers, directors, employees, and representatives of any of the foregoing).

By signing this document, I expressly assume all risk for my health and well-being and expressly assume the other risks associated with participating in the Programs, including, but not limited to, the negligence of a Healthways participating location and any other organization or individual participating or involved in providing or promoting any classes, functions, Programs, testing, or other activities that I participate in as a Healthways Program member (including without limitation the owners, officers, directors, employees, and representatives of the foregoing). I also hereby release, waive, discharge and covenant not to sue any class instructor, any Healthways participating location, any sponsoring organization, Healthways, Inc., or any of their subsidiaries or any other organization or individual providing or promoting classes, functions, Programs, testing, or other activities that I participated in as a Healthways Program member (including without limitation the owners, officers, directors, employees, and representatives of any of the foregoing) at any time hereafter, from any and all demands, liabilities, losses, or damages (including death, bodily injury or damage to property) caused or alleged to be caused in whole or in part by the negligence of any of the foregoing people or entities.

I have read and understand this waiver and express assumption of risk. I have also read, understand, and will adhere to all guidelines and policies in regard to this benefit. This waiver and release shall survive the term of any agreement with a Healthways participating location or individual.

In the event that my physician has recommended any limitations to my physical activity or I have experienced any of the following conditions, I hereby attest that I have informed my physician of the condition(s) and have obtained express consent from my physician to participate in the Programs.

- Chest pains while at rest and/or during exertion, previous heart attack or high blood pressure
- Any heart or circulatory conditions, such as vascular disease, stroke, chest pain, congestive heart failure, poor circulation to the legs, valvular heart disease, blood clots
- Frequent fast, irregular heartbeats OR very slow heartbeats
- Diabetes
- Previous hip or spinal fracture (as an adult)
- Lung disease or shortness of breath after mild exertion, at rest, or in bed
- Open cuts on my feet that do not seem to heal
- An unexplained weight loss of ten (10) pounds or more in the past six (6) months
- More than two falls in the past year (no matter what the reason)
- More than one year since I have engaged in regular physical activity

Print Member's Name

Member's Signature

Date

Emergency Contact Name

Contact Phone Number