



Last Name

# YMCA OF SOUTHWEST ILLINOIS Membership Application Form



**\*SHADED AREAS ARE FOR OFFICE USE ONLY**

Branch		Membership Type		Member #		Payment Method			
<b>PRIMARY MEMBER</b>				Join Date	Annual/Draft Date	Amount			
First Name		MI	Last Name		<b>Notes:</b>				
Gender	Birth Date / /	Ethnic Origin		Email Address					
Street			Home Phone						
City		State	Zip	Cell Phone					
Employer			Work Phone						
<b>SPOUSE/2<sup>nd</sup> ADULT or PARENT/GUARDIAN OF YOUTH MEMBER</b>				<b>Fam/HH #</b>				<b>Interests:</b> <input type="checkbox"/> Aerobics <input type="checkbox"/> Water Aerobics <input type="checkbox"/> Fitness Center <input type="checkbox"/> Running/Walking <input type="checkbox"/> Swimming <input type="checkbox"/> Family Activities <input type="checkbox"/> Adult Sports <input type="checkbox"/> Youth Sports <input type="checkbox"/> Teen Programs <input type="checkbox"/> Child Care <input type="checkbox"/> Summer Camp <input type="checkbox"/> Schools Out <input type="checkbox"/> Volunteering <input type="checkbox"/> Board of Directors <input type="checkbox"/> Community Rel.	
First Name		MI	Last Name						
Gender	Birth Date / /	Ethnic Origin		Email Address					
Employer			Work Phone						
<b>DEPENDENTS</b>									
First Name		MI	Last Name		Birth Date / /	Gender	Ethnic Origin		
					/ /				
					/ /				
					/ /				
Emergency Contact (Someone other than household member)				Name		Phone Number			

**UNITED WAY STATISTICAL INFORMATION** (This information will assist the YMCA in securing United Way funding.)

Household Income:  
 Below \$9,999     \$10,000-\$14,999     \$15,000-\$19,999     \$20,000-\$29,999     \$30,000-\$49,999     \$50,000-\$99,999     \$100,000+

Ethnic Origin:  
 Caucasian     African-American     Asian-Pacific Islander     Native American     Hispanic     Other

## **CONDITIONS OF MEMBERSHIP/PROGRAMS**

**Member Health:** The applicant(s) represents that he/she is in physically sound condition and understands that participation in YMCA activities including but not limited to: group exercise, weight training, recreational sports, and use of pools, spas, saunas, steam rooms and fitness equipment carry a potential risk of injuries or illness. The applicant further understands that the YMCA of Southwest Illinois assumes no responsibility for any such injury or illness. Consult with your physician before beginning any exercise program.

**Member Conduct and Right to Use the Facility:** The applicant(s) agrees to abide by all policies and procedures of the YMCA of Southwest Illinois and its branches; and understands that failure to act in accordance with these rules may result in expulsion from the YMCA and revocation of the membership.

**Membership Terms and Conditions:** All memberships and membership fees are non-refundable and non-transferable. Membership cards are the property of the YMCA of Southwest Illinois and must be surrendered should membership be terminated.

**Property Loss:** The applicant(s) understands that the YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities, including parking lots, or while participating in YMCA programs.

**Photograph Permission:** For adequate sufficient consideration the receipt of which is hereby acknowledged, the applicant(s) hereby gives permission for the YMCA to use, without limitation, photographs, film footage or tape recordings which may include the applicant(s) image or voice for purposes of promoting or interpreting YMCA programs.

**Insurance:** The applicant(s) understands that the YMCA does not provide any accident or health insurance for its members or participants and further understands it is the applicant's responsibility to provide such coverage.

**Medical Treatment:** The applicant(s) gives permission for YMCA staff or volunteers to provide emergency medical treatment, and to arrange for transport to an emergency center for treatment. Also, the applicant(s) consents to medical treatment deemed immediately necessary or advisable by a physician.

**Cell Phone Policy:** In consideration of the privacy of our members and to ensure their safety, cell phone use at the YMCA is restricted to specified areas. Cell phones cannot be used in the locker room or in the fitness center.

**Release of Liability/Participation:** I am an adult age 18 or older and wish to participate in YMCA activities. In addition, if applicable, I give permission for my dependents to participate in YMCA activities. I understand the risk associated with these activities and assume such risk. Therefore, in exchange for the YMCA allowing me, and if applicable, my spouse and my dependents to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its employees, its boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to my/our participation in YMCA activities whether on or off the YMCA's premises.

**Primary Member Signature**

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Signature

Date