



**OFFICIAL USE ONLY:**

Member #:  
 Membership Type:  
 Payment Method:  
 Staff Initial:

|                         |                         |                       |
|-------------------------|-------------------------|-----------------------|
| <b>First:</b>           | <b>Middle:</b>          | <b>Last:</b>          |
|                         |                         |                       |
| <b>Address:</b>         | <b>City/State:</b>      | <b>Zip:</b>           |
|                         |                         |                       |
| <b>Home phone:</b>      | <b>Emergency phone:</b> | <b>Contact name:</b>  |
|                         |                         |                       |
| <b>Work phone:</b>      | <b>Cell phone:</b>      | <b>Date of Birth:</b> |
|                         |                         |                       |
| <b>Employer/School:</b> |                         | <b>Email:</b>         |
|                         |                         |                       |

**FAMILY MEMBERSHIP: List all family members that qualify**  
*(Additional Adults Living in the Household Must Provide Proof of Residency)*

| Name (Last if different)  | Date of Birth | Gender | Employer OR School | Work or Cell phone |
|---------------------------|---------------|--------|--------------------|--------------------|
| SPOUSE/SECOND ADULT<br>1. | / /           |        |                    |                    |
| CHILDREN/DEPENDENTS<br>2. | / /           |        |                    |                    |
| 3.                        | / /           |        |                    |                    |
| 4.                        | / /           |        |                    |                    |
| 5.                        | / /           |        |                    |                    |

**Additional Family Members: Adults \$10 extra per month    Children \$5 extra per month**

|    |     |  |  |  |
|----|-----|--|--|--|
| 1. | / / |  |  |  |
| 2. | / / |  |  |  |
| 3. | / / |  |  |  |

|   |   |  |  |
|---|---|--|--|
| <b>Why did you join the YMCA?</b><br>(Please check all that apply)  |   | <b>How did you hear about the YMCA?</b><br>(Please check all that apply)   |  |
| <input type="checkbox"/> Camp<br><input type="checkbox"/> Swimming<br><input type="checkbox"/> Childcare<br><input type="checkbox"/> Family Fun<br><input type="checkbox"/> Medical Reasons | <input type="checkbox"/> Physical Conditioning<br><input type="checkbox"/> Social<br><input type="checkbox"/> Weight Training<br><input type="checkbox"/> Weight Loss<br><input type="checkbox"/> Sport Program | <input type="checkbox"/> Billboard<br><input type="checkbox"/> Radio<br><input type="checkbox"/> Word of Mouth<br><input type="checkbox"/> Employer<br><input type="checkbox"/> Physician<br><br><input type="checkbox"/> Internet / Website<br><input type="checkbox"/> Other | <b>Print Publication:</b><br><input type="checkbox"/> B.R. Parents<br><input type="checkbox"/> 225 Magazine<br><input type="checkbox"/> Southeast News<br><input type="checkbox"/> Advocate<br><input type="checkbox"/> Westside Journal |

**Responsibilities and Releases:** (Please read responsibilities and releases and sign below.)

**Membership Card** – I understand that I must present my membership card for admission and cards are nontransferable. Abuse of any membership card may result in termination or suspension of the membership. Replacement cards can be purchased for \$5 in the case they are lost or stolen.

**Liability** – I recognize that participation in the YMCA activities or programs may expose me to some risk of injury, illness or death. I assume all liability and agree to hold the YMCA harmless from any claims for damage to any property or injury to persons which may occur through participation in any activity or program at the YMCA.

**Photo/Talent Release** – I hereby irrevocably release, consent and allow the YMCA of the Capital Area and its agent to use my photograph/likeness/voice as it pertains to my participation with the YMCA, in any manner for promotional efforts without exception for any reimbursement in connection with its use.

**Cancellation** – It is my understanding that this is a continuous membership until I submit to the Membership Director, a **30-day written notice to cancel**. Any monies deducted within this 30-day period will not be refunded. A 30-day written notice will also be required for any changes to bank information. **A \$10.00 service charge will be assessed on any returned draft and a \$25.00 service charge on any returned check.**

**Sexual Harassment/Sexual Offender** – To keep our members and guests safe, it is against YMCA policy to allow any sexual harassment behavior in the YMCA. If a member is found guilty of sexual harassment their membership will be terminated immediately. If at any time a member is found to be a sexual offender, their membership will be terminated immediately.

**Code of Conduct** – The YMCA of the Capital Area is founded on Christian principles and prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language or attire, smoking, use of alcohol or drugs, the removal of YMCA property and criminal conduct of any type. Such inappropriate behavior or conducts is unacceptable and the YMCA consequently retains the right to deny membership to its applicants and to revoke a membership of any current member or participant at its sole discretion.

**PLEASE SIGN**

By signing below I verify that all of the information I have provided is accurate and that I have been informed of all of the above responsibilities & releases of the YMCA of the Capital Area.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Monthly Bank Draft Membership (Please include a voided check)      Draft Date:    1st    15th**

I give authorization to the YMCA of the Capital Area to draft my bank account on a monthly basis as payment for my membership dues. By giving this authorization, I understand the following.

1. Paying on the bank draft membership plan is buying a membership on a monthly basis and is continuous until I notify the YMCA of cancellation.
2. It is to my complete understanding that I may cancel my memberships at any time by providing the YMCA with a 30-day written notification.
3. It is my responsibility to provide the YMCA with any changes to my bank account, address, telephone numbers, or membership type, by providing a 30-day written notification.
4. At the discretion of the YMCA Board of Directors, the YMCA may increase my draft fee upon a 30-day notice.
5. Should any membership draft be denied due to insufficient funds, I realize that I am still responsible for this payment and the YMCA will re-send my draft with an additional \$10 service charge. If draft is denied 3 times within one year, the bank draft option will be revoked and member will be required to pay in full.
6. Should any membership draft be denied due to a stopped payment or closed account, my membership will be canceled.

**If you have additional adults, please initial the following statement:**

\_\_\_\_\_ I acknowledge that I have added \_\_\_\_\_ additional adults to my household membership. I understand that each additional adult will add \$10 to my draft amount.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PAR – Q & YOU (A Questionnaire for People Aged 15 to 69)**

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: Circle YES or NO.

- |     |    |    |  |
|-----|----|----|--|
| YES | NO | 1. | Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?     |
| YES | NO | 2. | Do you feel pain in your chest when you do physical activity?  |
| YES | NO | 3. | In the past month, have you had chest pain when you were not doing physical activity?  |
| YES | NO | 4. | Do you lose your balance because of dizziness or do you ever lose consciousness?   |
| YES | NO | 5. | Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity? |
| YES | NO | 6. | Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?                    |
| YES | NO | 7. | Do you know of any other reason why you should not do physical activity?   |

**IF YOU ANSWERED**

**YES to one or more questions**

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want--as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

**NO to all questions**

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active--begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal--this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

**DELAY BECOMING MUCH MORE ACTIVE:**

- If you are not feeling well because of a temporary illness such as a cold or a fever--wait until you feel better; or
- If you are or may be pregnant--talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions tell your fitness or health professional. Ask whether you should change your physical activity plan.

**ACKNOWLEDGEMENT**

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction. I understand that if I answered yes to any of the questions above that I should talk with my doctor before starting an exercise program. I understand that the YMCA is not a medical facility and while staff are trained professionals they are not medical specialists or health care providers. The YMCA makes no representations or warranties that all of its activities and all of its facility are medically safe for everyone. The YMCA urges its members to obtain approval from their physician prior to commencing any exercise or health program.

Your health is your responsibility. Make sure to frequently update your record if changes occur in your medical condition.

I have consulted or will consult with my physician to obtain medical clearances before commencing any exercise or health program at the YMCA and I will notify the YMCA of any changes in my medical condition that may affect my ability to safely participate in any of its activities or to use any of its facilities.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Parents or Guardian:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Phone: (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_



The YMCA offers scholarships for all programs based on financial need and availability of funds. We are a non-profit, charitable organization; therefore your contribution is fully tax-deductible as prescribed by law.

I would like to sponsor a child through the "Changing Lives" scholarship program by donating:

\_\_\_\_ I would like to contribute a one-time gift of \$\_\_\_\_\_

\_\_\_\_ I would like to contribute monthly, by having my account drafted an additional

\$1 each month

\$5 each month

\$10 each month

\$\_\_\_\_\_ each month

\_\_\_\_ I do not wish to contribute at this time, but please mail me additional information.

### Volunteering



Would you like a staff member to contact you regarding volunteer opportunities at this time?

Yes  No

In what areas are you interested in volunteering? (Please specify)

Were you referred by a current member?  Yes  No

If yes, by whom? \_\_\_\_\_

### Email List



Keep up with what is happening at your YMCA! Join our email list for the latest on our programs, classes, services and what is new and up and coming at the YMCAs of the Capital Area.

Yes! Sign me up for special announcements and the newsletter!

\_\_\_\_\_  
Member Name

\_\_\_\_\_  
Email Address (please print)

\_\_\_\_\_  
Member Signature

No thanks.

*We will not sell or disclose your information to any third parties. Your information is kept strictly confidential. You may unsubscribe at any time.*