



HEALTHY LIVING STARTS HERE

YMCA OF SOUTHERN INDIANA

TELL US ABOUT YOURSELF (Please Print) Date: _____

Email: _____ Gender: Male Female

First Name: _____ Middle Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Birthdate: _____ Primary Phone: _____ Cell/Other Phone: _____

Employer: _____ Business Phone: _____

Which statement best describes you?

I am good at making everyday choices to be healthy and live well.

I try to make everyday choices to be healthy and live well but struggle to do so.

I want to start making everyday choices to be healthy and live well.

What is your reason(s) for joining the Y?

Better Overall Health Weight Loss Meet New People Family Fun Programs for Kids

Did a member refer you? Yes No Name of Member: _____

TELL US ABOUT YOUR HOUSEHOLD

Additional Adult

First Name: _____ Middle Name: _____ Last Name: _____

Birthdate: _____ Gender: Male Female

Race: African American/Black Asian/Pacific Islander Caucasian/White Hispanic Native American Other

Primary Phone: _____ Cell Phone: _____ Business Phone: _____

Email: _____ Employer: _____

Which statement best describes you?

I am good at making everyday choices to be healthy and live well.

I try to make everyday choices to be healthy and live well but struggle to do so.

I want to start making everyday choices to be healthy and live well.

Dependents and/or Additional Adults (Anyone over 18 must provide proof of address)

First Name: _____ Middle Name: _____ Last Name: _____

Birthdate: _____ Gender: Male Female Dependent Additional Adult \$ _____

Race: African American/Black Asian/Pacific Islander Caucasian/White Hispanic Native American Other

First Name: _____ Middle Name: _____ Last Name: _____

Birthdate: _____ Gender: Male Female Dependent Additional Adult \$ _____

Race: African American/Black Asian/Pacific Islander Caucasian/White Hispanic Native American Other

First Name: _____ Middle Name: _____ Last Name: _____

Birthdate: _____ Gender: Male Female Dependent Additional Adult \$ _____

Race: African American/Black Asian/Pacific Islander Caucasian/White Hispanic Native American Other

For METRO UNITED WAY reporting purposes:

Race of Primary Member (yourself): African American/Black Asian/Pacific Islander Caucasian/White
 Hispanic Native American Other
Household Income: \$0-\$15,999 \$16,000-\$24,999 \$25,000-\$34,999 \$65,000-\$74,999
 \$35,000-\$44,999 \$45,000-\$54,999 \$55,000 - \$64,999 \$75,000 and above

EMERGENCY CONTACT INFORMATION

(Please list a person not on your membership we can contact in case of emergency if we are unable to reach the other adults in your household)

Name: _____ Relationship: _____ Phone: _____

MEMBERSHIP OPTIONS (Please check membership type):

Home Branch: Clark County Floyd County

Clark and Floyd County: Family Two Person Adult Senior Youth

Community Wide: Family Two Person Adult Senior Youth Add Calypso Cove

WE'RE FOR EVERYONE

At the Y we believe everyone should have the opportunity to be healthy, confident and connected. Your donation to the Y helps ensure that everyone, regardless of financial situation, can be a part of the Y. Many members make their gift by adding to their monthly membership draft.

I would like to give \$1.00 \$2.00 \$3.00 \$4.00 \$5.00 Other \$ _____ per month in addition to my monthly membership dues as my donation to the Annual Giving Campaign.

PAYMENT OPTIONS

Annual Semi-Annual

I choose to utilize the **monthly bankdraft option** for my monthly payment - direct debit from my: _____ Routing # _____

Checking Savings Account on the _____ 1st 15th Last 4 numbers on account: _____

I choose to utilize the **monthly Credit Card/Debit Card payment option** for my monthly payment - automatic charge to card on the

1st 15th Card Type: V M AE D Exp. Date: _____ Last 4 digits: _____

I authorize my bank to honor preauthorized Electronic Funds Transfers or Credit or Debit charges against my account for (membership/ program/ contribution) payments as indicated below. When the Bank honors the EFT or Credit or Debit Card by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized transfer not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment. It is further understood that if such payment is not honored by the bank or credit card institution, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date. It is my complete understanding that if I wish to terminate or change my membership in any way, I must provide written notice at least five (5) days prior to my scheduled payment.

Signature: _____ Today's Date _____

MEMBER/GUEST RELEASE

I am an adult over 18 years of age and wish to participate in YMCA of Southern Indiana (the "YMCA") membership/program activities (including Rock Wall), and wish my children or legal wards to participate and give them permission to participate in the YMCA activities (including Rock Wall). As used in this Agreement "children" shall include legal wards and "parent" shall include legal guardian. As a condition of being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of the facilities or equipment, or participation in any off-site program affiliated with the YMCA, I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition of participation by me or my children in YMCA activities, on my behalf and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the YMCA, its sponsors, officers, employees, volunteers, or contractors as a result of participating in YMCA activities or using its facilities. I further agree to indemnify the YMCA against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by me or my children. I also give the YMCA my consent to treatment for myself and my legal wards in the event of an injury and will not hold the YMCA accountable for any charges incurred. I have read this authorization, waiver, and release, understand it, and am voluntarily signing it. I understand that the YMCA of Southern Indiana is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs. I give my permission to the YMCA of Southern Indiana to use without limitation or obligation, photographs, film footage, or tape recordings which may include mine and/or my children's image or voice for the purposes of promotion or interpreting YMCA programs. I have received and read the YMCA of Southern Indiana Member Privileges and Responsibilities. I agree to follow the rules and guidelines set forth in this document and understand that failure to do so may result in the suspension or termination of my YMCA of Southern Indiana membership.

Signature: _____ Date: _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY

Membership ID: _____ Membership Type: _____ Membership Fee: \$ _____
Home Branch: _____ Financial Assistance %: _____ Financial Assistance: \$ _____
Joined: Yes No Discount Group Added: _____ Discount Group: \$ _____
Tour Guide: _____ Additional Adults (\$10) _____ Seniors (\$5) _____ Additional Fees: \$ _____
Wellness Appt Date and time: _____ Monthly Draft: \$ _____