



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# MEMBERSHIP APPLICATION

## YMCA of Greater Williamson County

Membership Number

**OFFICE USE ONLY**

Join Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_  Annual Pay  Payroll  Draft  Other

Membership Type:  Youth  Young Adult \*  Adult  Couple  Family I  Family II

Senior I  Senior II  Senior Family  Corporate  Employee  Military

Staff Initials: \_\_\_\_\_  Triangle \*Young Adult Membership requires College ID.

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

Adult #1 First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  M  F DOB: \_\_\_\_\_

Adult #2 First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  M  F DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Adult #1 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Adult #2 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Dependent / Children's Names	M/F	Birth Date	Relationship
03			
04			
05			
06			
07			
08			
09			

How did you hear about the Y?  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)? \_\_\_\_\_

**\*\* PLEASE INITIAL, SIGN & DATE THE REVERSE \*\***

## Strong Kids Campaign

One hundred percent of the 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: \$ \_\_\_\_\_

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

## Demographic Information

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.

### Adult #1 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

### Adult #2 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 Waivers

Please **INITIAL** all lines to indicate your agreement to terms.

----- **Waiver for Program Participation (REQUIRED):** I understand that Y activities have inherent risks and hereby assume all risks and hazards as a result of my or my family members, who are included as part of this membership, participation in all Y programs and facilities, including transportation to and from said activities. I further release, absolve, indemnify and agree to hold harmless, the Y, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of Y facilities or participation in any Y activity, whether located on Y property or not.

I shall assume liability for, and defend the Y, its branches, camps, agents, servants, employees, officers and directors for any expenses including, but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums which the directors may pay or become obligated to pay on amount of any, all, and every demand for claim or assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen as a result of any action or omission by USER, its agents, servants, or invitees. USER also acknowledges that the use of the real or personal property is at risk of the USER.

**The Y highly recommends that you consult your physician before participating in any physical fitness program.**

----- **Waiver for Photo / Video / Audio Release (OPTIONAL):** I give my consent for any photos, video and/or audio taken of myself or my family members, who are included as part of this membership, involved in Y programs to be used for Y promotions, trainings, publications and/or displays.

----- **Membership Policies Waiver (REQUIRED):** I understand that membership to the Y is a privilege and may be revoked for conduct unbecoming a member as stated in the rules of the facility or at the discretion of the director. I further understand that membership dues are not refundable. It is my understanding that if I wish to terminate my membership in any way, I must give the Y a 14-day written notice from my original draft date. All new facility members will pay a non-refundable joining fee to be used for capital expenditures and continued development of the YMCA of Greater Williamson County. Anyone whose membership has lapsed must pay a \$90 reinstatement fee upon re-registering within the first 90 days. After 90 days the full joining fee must be paid.

Signature (Parent if under 18 years of age): \_\_\_\_\_ Date: \_\_\_\_\_

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

Staff Initials: \_\_\_\_\_

**THE Y: WE'RE FOR YOUTH DEVELOPMENT, HEALTHY LIVING & SOCIAL RESPONSIBILITY.**