



# MEMBERSHIP APPLICATION

## Welcome to the Seacoast Family YMCA!

<input type="checkbox"/> FAMILY	<input type="checkbox"/> SENIOR (65+)	<input type="checkbox"/> ___ YOUTH (UNDER 18)
<input type="checkbox"/> ADULT	<input type="checkbox"/> COLLEGE (WITH ID)	<input type="checkbox"/> PROGRAM PARTICIPANT

**PRIMARY ADULT CONTACT FOR THIS MEMBERSHIP**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ MI \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_      MALE      FEMALE      (PLEASE CIRCLE ONE)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ BUSINESS (\_\_\_\_) \_\_\_\_\_

TO FACILITATE COMMUNICATION AND ONLINE REGISTRATION, PLEASE SUPPLY EMAIL  
EMAIL ADDRESS \_\_\_\_\_

**SECONDARY ADULT CONTACT FOR THIS MEMBERSHIP**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ MI \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_      MALE      FEMALE      (PLEASE CIRCLE ONE)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ BUSINESS (\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

**YOUTH AND/OR TEEN MEMBERS TO BE INCLUDED ON THIS MEMBERSHIP**

FIRST NAME	LAST NAME	BIRTHDATE	GENDER
_____	_____	___/___/___	M    F
_____	_____	___/___/___	M    F
_____	_____	___/___/___	M    F
_____	_____	___/___/___	M    F
_____	_____	___/___/___	M    F

<b>Indicate your program interests:</b>							
	Self	2nd Adult	Children		Self	2nd Adult	Children
Group Fitness Classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Day Camps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardio/Strength Training Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	School Age Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga/Meditation/Pilates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family Activities/Child Watch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness Orientation/Personal Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

<b>How would you describe yourself?</b>			
	Self	2nd Adult	
Currently exercising at least 3x/week	<input type="checkbox"/>	<input type="checkbox"/>	
Currently exercising 1 - 2x/week	<input type="checkbox"/>	<input type="checkbox"/>	
Occasional exerciser	<input type="checkbox"/>	<input type="checkbox"/>	
Non-exerciser starting for first time	<input type="checkbox"/>	<input type="checkbox"/>	
Joining for other reasons	<input type="checkbox"/>	<input type="checkbox"/>	

  

<b>Do have any interest in:</b>			<b>For Data Classification Only: (Optional) Race</b>					
	Self	2nd Adult	Self		2nd Adult		Self	2nd Adult
Volunteering at the YMCA	<input type="checkbox"/>	<input type="checkbox"/>	Asian/Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	Hispanic/Latino	<input type="checkbox"/>	<input type="checkbox"/>
Committee work with the YMCA	<input type="checkbox"/>	<input type="checkbox"/>	African American/Black	<input type="checkbox"/>	<input type="checkbox"/>	Native American	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>	Other _____		
Serving as a YMCA Board Member	<input type="checkbox"/>	<input type="checkbox"/>	Caucasian/White	<input type="checkbox"/>	<input type="checkbox"/>			

**Release and Waiver of Liability and Indemnity Agreement**

- In the event that a medical clearance must be obtained prior to the undersigned's participation in the YMCA, he/she agrees to consult with their physician and obtain written permission from him or her prior to commencing any YMCA program. Also, in consideration for being allowed to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, the undersigned agrees to assume the risk for such participation, and further agree to hold harmless the YMCA, its staff members, officers, and agents from any and all claims, suits, losses, or related causes of action for damages, including but not limited to such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from the YMCA facility membership or program.
- The undersigned further expressly agrees that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Hampshire and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
- All YMCA promotional materials use photographs taken during actual programs. If I wish that my or my child's photo not be taken or used, I must give a written request to the Membership Director.
- Membership is subject to forfeiture for violation of association rules and regulations.

**MEMBERSHIP TERMINATION/FREEZE POLICY**

\_\_\_\_\_ I understand that if I wish to terminate, freeze or change my membership in any way, I must inform the YMCA, in writing, by the 25th of the month prior to my scheduled deduction.

\_\_\_\_\_ I have received a Membership Handbook together with the Code of Conduct and will review all membership information with other household individuals under this membership.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

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

<b>Staff Use Only:</b>	Tour: <input type="checkbox"/> Completed <input type="checkbox"/> Declined	Fitness Orientation: <input type="checkbox"/> Completed <input type="checkbox"/> Declined
<b>Photo ID Verified</b>	TYPE: <input type="checkbox"/> School ID <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other	Staff Initials _____