Date:

Madison Area YMCA
Membership Application

Please Print

Type of Membership: ☐ **Youth** ☐ **Older Youth** ☐ **Family** ☐ **Adult**
☐ **Senior Adult** ☐ **Senior Family**
☐ Parent/Child- Child ☐ Parent/Child- Adult ☐ Parent/Child- Family

Member 1 (or parent/guardian of minor): ___ Mr. ___ Ms. ___Mrs. ___ Other (specify) _____

Last Name _____ First Name _____ Middle Initial _____

Birth Date _____/_____/____ Gender M or F

Home Address _____ City, State, Zip _____

Home Phone_____ Cell Phone_____

Primary Email Address _____

Employer _____ Position _____ Phone _____

Member 2: ___ Mr. ___ Ms. ___Mrs. ___ Other (specify) _____

Last Name _____ First Name _____ Middle Initial _____

Birth Date _____/_____/_____ Gender M or F Cell Phone_____

Email Address _____

Employer _____ Position _____ Phone _____

Additional Members (Dependents under 23 or Parent/Guardian Information)

Last Name	First Name	Gender	Date of Birth	Relationship to Primary Member
_____	_____	M or F	_____/_____/_____	_____
_____	_____	M or F	_____/_____/_____	_____
_____	_____	M or F	_____/_____/_____	_____
_____	_____	M or F	_____/_____/_____	_____
_____	_____	M or F	_____/_____/_____	_____

Emergency Contact Information Please indicate if phone is Work, Home or Cell

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

PLEASE SIGN ON REVERSE SIDE

Welcome to the Madison Area YMCA, part of a worldwide association based on Christian principles, inclusive of all people, provides quality programs that develop a healthy spirit, mind and body and promotes the core values of caring, honesty, responsibility and respect. **Thanks to the contribution of members and friends, financial assistance is available for those in need.**

Our YMCA core values of caring, honesty, respect and responsibility guide our use of your information. Any information collected about you and your family is kept confidential and only used for Madison Area YMCA purposes. Our complete privacy policy can be obtained at your request from any Member Services staff.

AGREEMENTS

In consideration for being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges that the Madison Area YMCA assumes no responsibilities for injuries, illness or death that may be sustained as a result of my physical condition or resulting from participation in any YMCA program or activity. The undersigned hereby releases, waives, discharges and covenants not to sue the YMCA, its directors, officers, employees and agents from any claims for injury, illness, death, loss or damage that may suffered as a result of participation in these activities. The undersigned assumes all risk for participation in YMCA activities. The undersigned acknowledges that a physician should be consulted prior to participating in any physical activity or program.

The Madison Area YMCA is not responsible for any personal property lost or stolen while using YMCA facilities. *It is recommended for members not to bring valuables to the YMCA and when doing so members provide their own locks to secure items.*

While participating in YMCA programs the Madison Area YMCA has permission to photograph myself and/or my children and family members for publicity purposes.

Initiation fee is non-refundable and non-transferable, and the initiation fee is a one time only payment as long as my membership remains current. The YMCA reserves the right to change membership rates at any time.

All members are required to present a valid membership card for identification when using the YMCA facilities and programs. Membership privileges and cards are non-transferable, remain the property of the YMCA and can be revoked upon request. The undersigned agrees to the rules and regulations as stated in the program guide and membership handbook.

My signature signifies that I have read, understood, and accepted the membership agreements listed above.

_____ _____/_____/_____

Primary member signature **Date**

May we contact you regarding volunteer opportunities at the YMCA _____ Yes _____ No

Would you like to donate to the Strong Kids Campaign that provides financial assistance to individuals and families who otherwise could not afford to participate in YMCA programs?
Add $_____ one time pledge.

Optional Information for grants, funding & statistical purposes – all information is kept confidential

How did you hear about the Madison Area YMCA?
__ YMCA Brochure
__ Direct Mail
__ Referred by friend
__ Newspaper
__ Realtor
__ Other: _____

Ethnicity
__ Asian
__ African-American
__ Caucasian
__ Hispanic
__ Latino
__ Other: _____

What areas interest you?
__ Fitness Center
__ Swimming Pool
__ Sports Programs
__ Children's classes
__ Child care

To assist us with our status as a charitable organization, we must report the following information:

Income Level of Household: (optional)
o Under $30,000 o $30,001 to $60,000 o $60,001 to $100,000 o $100,000 +

Ethnicity: (optional) o Asian o African-American o Hispanic o Latino o Caucasian o Other:

Office Use Only

Date processed _____

Receipt No.:_____ Type:_____

Notes: