



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Membership Application

BORDER VIEW FAMILY YMCA

- To qualify for any category, members must reside at the same address and pay monthly dues from one bank account.
- Membership cards are non-transferable, limit one per person.
- Government Photo ID required for members ages 16 and up.

PRIMARY ADULT INFORMATION

| | | | | |
|--------------|------------------|---------------|-------------------------|--------------|
| First / / | Middle | Last | Called By | Gender (M/F) |
| Birth Date | Marital Status | Email Address | | |
| Home Address | | City | State | Zip Code |
| Home Phone | | Cell Phone | | |
| Ethnicity | Primary Language | | Annual Household Income | |

What statement best describes your current activity level:

- I exercise on a regular basis
 I am looking to start exercising for the first time
 I have been an on again/off again exerciser

EMERGENCY CONTACT INFORMATION

| | | |
|------|-------|--------------|
| Name | Phone | Relationship |
|------|-------|--------------|

What specific areas of the Y will assist you in meeting your goals? (This may be used to provide information on Y programs)

- Fitness/Wellness
 Social Opportunities
 Group Exercise
 Adult Sports
 Weight Management
 Aquatics/Swimming
 Personal Training
 Youth Programs
 Teen Activities
 Family Activities
 Senior Programs
 Volunteering
 Prefer Not to Give
 Other _____

How did you hear about the Y?

- Advertisement
 Corporate
 Drive By/Walk By
 Employee
 Internet
 Returning Member
 Medical Referral
 School
 Program Participant
 Word of Mouth

Are you Military (active duty, retired military or National Guard)? Yes No

Were you referred to the Y by a current member?

We appreciate our Y Members who share their enthusiasm for the Y by referring friends and family members. Any current Border View Family YMCA member who refers a new member receives one free month of membership! Please provide that member's information below so we can thank them.

| | | |
|------|-------------------|-----------------------------|
| Name | Birth Date / / | Member ID Number (Internal) |
|------|-------------------|-----------------------------|

OFFICIAL USE ONLY

| | | | | |
|--|-------------|---|--|------------------------------------|
| Date | Received by | Membership Type | Promotion/Group | Draft Entered by |
| FIT 4 Me Appointment Scheduled: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Thank you card sent? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| ID Checked For: | | <input type="checkbox"/> Primary Adult <input type="checkbox"/> 2nd Adult | <input type="checkbox"/> 3rd Adult <input type="checkbox"/> 4th Adult | <input type="checkbox"/> 5th Adult |

SECOND ADULT INFORMATION (18+ YEARS OF AGE) IN THE SAME HOUSEHOLD

First _____ Middle _____ Last _____ Called By _____ Gender (M/F)
_____/_____/_____

Birth Date _____ Email Address _____ Cell Phone _____

Ethnicity _____ Primary Language _____
What statement best describes your current activity level:
 I exercise on a regular basis I am looking to start exercising for the first time I have been an on again/off again exerciser

ADDITIONAL INFORMATION ON OTHER ADULTS (18+ YEARS OF AGE) IN THE SAME HOUSEHOLD

First _____ Middle _____ Last _____ Called By _____ Gender (M/F)
_____/_____/_____

Birth Date _____ Email Address _____ Cell Phone _____

Ethnicity _____ Primary Language _____
What statement best describes your current activity level:
 I exercise on a regular basis I am looking to start exercising for the first time I have been an on again/off again exerciser

First _____ Middle _____ Last _____ Called By _____ Gender (M/F)
_____/_____/_____

Birth Date _____ Email Address _____ Cell Phone _____

Ethnicity _____ Primary Language _____
What statement best describes your current activity level:
 I exercise on a regular basis I am looking to start exercising for the first time I have been an on again/off again exerciser

First _____ Middle _____ Last _____ Called By _____ Gender (M/F)
_____/_____/_____

Birth Date _____ Email Address _____ Cell Phone _____

Ethnicity _____ Primary Language _____
What statement best describes your current activity level:
 I exercise on a regular basis I am looking to start exercising for the first time I have been an on again/off again exerciser

INFORMATION ON CHILDREN (UNDER 18 YEARS OF AGE) IN THE SAME HOUSEHOLD

Son Daughter Other (please specify) _____

First _____ Middle _____ Last _____ Called By _____ Gender (M/F)
_____/_____/_____

Birth Date _____ Ethnicity _____ Primary Language _____

Son Daughter Other (please specify) _____

First _____ Middle _____ Last _____ Called By _____ Gender (M/F)
_____/_____/_____

Birth Date _____ Ethnicity _____ Primary Language _____

INFORMATION ON CHILDREN (UNDER 18 YEARS OF AGE) IN THE SAME HOUSEHOLD - CONTINUED

Son Daughter Other (please specify) _____

First _____ Middle _____ Last _____ Called By _____ Gender (M/F) _____
 / /

Birth Date _____ Ethnicity _____ Primary Language _____

Son Daughter Other (please specify) _____

First _____ Middle _____ Last _____ Called By _____ Gender (M/F) _____
 / /

Birth Date _____ Ethnicity _____ Primary Language _____

Son Daughter Other (please specify) _____

First _____ Middle _____ Last _____ Called By _____ Gender (M/F) _____
 / /

Birth Date _____ Ethnicity _____ Primary Language _____

Son Daughter Other (please specify) _____

First _____ Middle _____ Last _____ Called By _____ Gender (M/F) _____
 / /

Birth Date _____ Ethnicity _____ Primary Language _____

BANK DRAFT INFORMATION

Bank Draft Authorization: I (We) hereby authorize the YMCA of San Diego County, herein called the YMCA, to initiate debits to the BANK indicated below, hereinafter called BANK, to debit the amounts thereof to my account (checking or credit card account indicated below).

Name of Billing Adult _____ Phone Number _____

_____ Checking Account (attach void check) OR Credit Card # _____ Exp Date _____
 Initial

_____ This authority is to remain in full force and effect until the YMCA has received written notification of modification
 Initial and/or cancelation and the return of my membership card 10 days prior to draft date, or until the YMCA has sent 10 day notification to me regarding termination of this agreement.

_____ I understand that bank drafts occur on the 10th or 25th for checking accts and the 15th for credit card accts,
 Initial and that it is my responsibility to check my monthly statement and report any corrections immediately to the YMCA. A \$10 service fee will be applied for all accounts returned\unpaid, closed, or payment stopped.

_____ I understand there are no refunds given.
 Initial

_____ I understand I must bring my membership card each time I visit the YMCA and swipe it to gain access.
 Initial Replacement cards are \$10 if my card is lost or misplaced.

_____ I understand that my YMCA membership can be put on "hold" for short term illness or vacation for a \$10 a
 Initial month fee with written notice submitted 10 days prior to draft date. I also understand that the YMCA does not provide accident or medical insurance. To my knowledge I am in good health and use these facilities at my own risk.

_____ I have read and understand the YMCA Member Code of Conduct and agree to follow these guidelines while
 Initial participating at the YMCA. As the primary member, I am responsible for educating any other person(s) on the membership as to the YMCA Member Code of Conduct.

Billing/Primary Adult Signature _____ Date _____

Branch Release/Waiver for YMCA Adults

In consideration of being permitted to enter any branch of the YMCA of San Diego County (YMCA) for observation, use of facilities and/or equipment, or participation in any program, I hereby:

1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purpose intended and (iv) I voluntarily sign this document.
 2. Release the YMCA, it's directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise while I am in or near any YMCA branch.
 3. Agree to not sue releases for any loss, damage, injury or death described above and I will indemnify and hold harmless releases and each of them from any loss, liability, damage or cost they may incur due to my presence in, upon or near the YMCA branch; whether caused by the negligence of releases or otherwise.
 4. Assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
- I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect. I understand that my YMCA membership is not held for short-term illness or vacation. I also understand that the YMCA does not provide accident or medical insurance. To my knowledge I am in good health and use these facilities at my own risk.

Primary Adult Signature & Date

Second Adult Signature & Date

Additional Adult Signature & Date

Additional Adult Signature & Date

Additional Adult Signature & Date

Adult Photo Release

I give the YMCA of San Diego county permission to use any picture or likeness of me in the YMCA's general publicity and campaign materials.

Primary Adult Signature & Date

Second Adult Signature & Date

Additional Adult Signature & Date

Additional Adult Signature & Date

Additional Adult Signature & Date

Branch Release/Waiver for YMCA Youth (Minors)

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. In consideration of said minor being permitted to enter any branch of the YMCA of San Diego County (YMCA) for observation, use of facilities and/or equipment, or participation of the above in any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby:

1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purpose intended and (iv) I voluntarily sign this document.
2. Release the YMCA, it's directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by releasees or otherwise while I am in or near any YMCA branch.
3. Agree to not sue releases for any loss, damage, injury or death described above and I will indemnify and hold harmless releases and each of them from any loss, liability, damage or cost they may incur due to my presence in, upon or near the YMCA branch; whether caused by the negligence of releases or otherwise.
4. Assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
5. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect. I understand that my YMCA membership is not held for short-term illness or vacation. I also understand that the YMCA does not provide accident or medical insurance. To my knowledge I am in good health and use these facilities at my own risk.

Parent/Legal Guardian Signature

Date

Youth (Minor) Photo Release

I _____ give the YMCA of San Diego county permission to use any picture or likeness of my children in the YMCA's general publicity and campaign materials.

Parent/Legal Guardian Signature

Date