



# Johnson County Family YMCA

7/26/10

The YMCA mission is to put Christian principles into practice through programs that build healthy spirit, mind and body for all

## MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

	First	M I	Last
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Address: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_

\_\_\_\_\_ Home phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Business phone: \_\_\_\_\_

(if different from above) \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

Are you a veteran? \_\_\_\_\_ Emergency contact: \_\_\_\_\_

Areas of interest:

Classes:

- Group cycle
- Water exercise
- Intro to Stretch-n-Strengthen
- Stretch-n-Strengthen
- Arthricise (pool exercises for arthritis)
- Pilates

Volunteering:

- Drop-in Child Care
- Triathlon & Klondike Rush
- Youth & Adult sports
- Healthy Kids Day
- Youth Summer & Day Camp
- Y Partner fund-raising campaign

Are you interested in other fitness classes that are not listed above, if so please list: \_\_\_\_\_

What day(s) do you prefer to take fitness classes?      Mon    Tues    Wed    Thur    Fri    Sat

What time of day do you prefer to take fitness classes?

- Early am
- Morning
- Noon
- Afternoon
- Evening

Additional family members to be included in this membership:

First name	Last name	Gender	Age	Birth date

Agreement and release of liability

I UNDERSTAND THAT I MUST ADVISE THE YMCA AT LEAST 5 WORKING DAYS IN ADVANCE OF MY NEXT DRAFT DATE (EITHER 1ST OR 20TH) TO CANCEL WITHOUT BEING CHARGED FOR ANOTHER MONTH.

This membership is non-transferable and non-refundable.

I pay the initial fee once, unless my membership lapses for longer than 60 days.

The YMCA does not provide accident insurance and that any and all injuries incurred are my responsibility to provide payment for.

There is an inherent risk in all physical activities and that I assume such risk.

Members and program participants may be photographed providing opportunities for YMCA promotions.

I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claim damages I may have against the Johnson County Family YMCA or their respective agents, successors or assigns for any and all injuries which may be suffered by me in connection with the Johnson County Family YMCA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date