



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

MEMBERSHIP APPLICATION

OFFICE USE ONLY: staff initials _____

Date: ___/___/___

Draft: 1st or 15th Monthly: \$

Quarterly: Semi-Annual: Annual:

Joining Fee: \$ _____

Membership # Membership Category:

Primary Member

Name: _____ Phone (____) _____ - _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Sex: M F Marital Status: Single Married Ethnicity: African American Caucasian Multiracial

Asian Hispanic Native American

I'd like to receive free e-newsletters from YMCA containing information on classes, programs, special offers, and tips and advice on wellness.

Email Address: _____ Primary Phone: _____ Occupation: _____

Employer: _____ Address _____ Alternate Phone: _____

ADDITIONAL ADULT INFORMATION *

Name: _____ Phone (____) _____ - _____ DOB: _____

Sex: M F Marital Status: Single Married Ethnicity: African American Caucasian

Asian Hispanic Native American

Email Address: _____ Multiracial

ADDITIONAL FAMILY MEMBERS *

HOUSEHOLD MEMBER NAMES	SEX	BIRTHDATE	ETHNICITY	SCHOOL/ EMPLOYER

* All household members must provide proof of address. (Valid driver's license or state issued id)

AREAS OF INTEREST

- Boot Camp
- Family Activities
- Strength Training
- Fitness
- Weight Management
- Basketball
- Volleyball
- Youth Sports
- Swimming Lessons
- Water Exercise
- Master Swim
- Swim Team
- Lifeguard Training
- CPR/First Aid
- Aerobics
- Running / Jogging
- Triathlon
- Day Camp
- Children's' Programs
- After School Programs
- Teen Programs
- Pickleball

How did you Hear about us?

- Website
- Radio
- TV
- Newspaper
- Brochure
- Employer
- Doctor
- Member
- Other _____

ADDITIONAL SERVICE FEES

- Locker # _____
- Combination ___/___/___
- Towels

EMERGENCY CONTACT: _____ Phone: _____

RELATIONSHIP: _____

PHYSICIAN: _____ Phone: _____

Medical Information: _____

AUTHORITY TO DRAW ACH DEBITS OR DRAFTS FOR MEMBERSHIP PAYMENTS

Name on Card or Bank Account:	Expiration Date:
Mailing Address:	CV Code:
Account Number or Card Number:	Routing & Transit Number:
PLEASE NOTE: TO CANCEL WRITTEN NOTICE MUST BE PROVIDED	

I have given the authority to _____ (financial institution) to honor preauthorized checks drawn by YMCA of Metropolitan Columbus, GA for membership payments as indicated on my application. It is understood that your sending of a preauthorized check to the bank as a payment becomes due shall constitute valid notice of such payment due on this membership. When the bank honors the check by charging my account, such check shall constitute my receipt for the payment. Should any preauthorized check not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus a service charge.

****MEMBERSHIP FEES SUBJECT TO CHANGE WITH A 30 DAY NOTICE TO MEMBER. ****

X _____
SIGNATURE OF BANK DEPOSITOR (AS SHOWN ON BANK/CARD RECORDS) DATE

Have you ever had a membership or registered for a program at any YMCA of Metropolitan Columbus?

YES ___ NO ___ If yes, which branch? _____ Under what name? _____

WAIVER

The YMCA of Metropolitan Columbus will not assume responsibility for any injury incurred while participating in any athletic event, sports program, or any physically related activity. Certain risks are inherent during participation in these events.

The YMCA of Metropolitan Columbus will not be liable for lost or stolen items while members and or/program participants are using YMCA facilities or are not on the YMCA premises. I, the undersigned for myself, my heirs and assigns, do hereby release the YMCA of Metropolitan Columbus and its branches, employees and agents from any and all claims for injury, death, loss or damage I may suffer as a result of my participation.

I assume full responsibility for removing myself from any media opportunities that I do not wish to participate in. I hereby grant to YMCA the unrestricted right to use and publish photographic images of me, or in which I may be included, for marketing materials, YMCA websites or YMCA social networks, editorial trade advertising, and any other lawful purpose related to YMCA.

I understand and agree that Bank Draft and a'la carte programs do not have an expiration date. To cancel a program or my membership, I must complete a cancellation form in person or send a registered letter, giving 30 days notice prior to my Membership draft and return my permanent membership cards. (Cancellation forms may be obtained at the YMCA branch).

If your check/EFT/Credit (Debit Card) is returned for insufficient funds, we reserve the right to resubmit the item in an electronic format for the original amount, plus the maximum amount of NSF FEE allowed by law.

Any Applicant utilizing another party's bank account or credit/debit card for the purpose of EFT the account holder must be present and provide a valid state id/driver's license at the time of registering.

I assume the responsibility of keeping all Banking Account/Credit/Debit card information for the purpose of EFT transactions updated at all times.

All Membership Types must provide proof of address and adhere to all YMCA policies. (Valid State I.D/ License accepted)

I understand that prepaid semi-annual and annual memberships are non-refundable.

I understand that if I terminate my membership, and do not rejoin within 60 days, I must pay a new joining fee.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE ___ / ___ / ___

SIGNATURE OF MEMBER: _____ DATE ___ / ___ / ___

The YMCA of Metropolitan Columbus, GA

Informed Consent Agreement

Thank you for choosing to use the facilities, services, or programs of the YMCA of Metropolitan Columbus, Georgia. We request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

I, the undersigned, declare that I intend to use some or all of the activities, facilities, programs, and services offered by the YMCA and I understand that each person, myself included, has a different capacity for participating in such activities, facilities, programs, and services. I am aware that all activities, services, and programs offered, are educational, recreational, or self-directed in nature. I assume full responsibility, during and after my participation, for my choice to use or apply, at my own risk, any portion of the information or instruction I receive. I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, and program of the YMCA brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care, and skill that I possess and use. I am also aware that if I have a past injury, illness or condition, or present illness, injury, condition, or if I am currently pregnant, participating in such activities may be more dangerous to my health and potentially the health of others. However, I understand and fully accept such risks and I will provide a doctor's note for clearing me to participate in activities should such doctor's note be requested by the YMCA.

I further understand that the activity, program, and services offered by the YMCA are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not dually licensed, certified, or registered and herein employed to provide such professional services.

I recognize that by participating in activities, facilities, programs, and services offered by the YMCA I may experience potential health risks including but not limited to transient light-headedness, fainting, abnormal blood pressure, chest-discomfort, leg cramps, and nausea. By voluntarily engaging in any activity, facility, program, and services offered by the YMCA, I am willfully assuming the listed risks and any and all other risks, dangers, or complications associated with same activity, facility, program, or service. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and/or immediately after my participation. I understand that if there is no supervisor on the premises, I need to stop or delay my participation in any activity or procedure and use my own judgment to determine if any further action is required. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response. I understand that I may ask any questions or request further explanation or information about the activities, facilities, programs, and services offered by the YMCA at any time before, during, or after my participation.

The undersigned agrees to abide by the rules of the YMCA. In addition, the undersigned agrees that all use of the YMCA shall be undertaken at his/her sole risk, and that the YMCA shall not be liable for any injury to him/her, damage to his/her property, or be subject to any claim, demand, or lawsuit, including without limitations, any and all injuries or damages whatsoever, resulting from acts of alleged negligence of any kind on the part of the YMCA, its agents, employees, directors, board of directors, administrators, volunteer staff, governing body, or affiliates. The undersigned on behalf of himself/herself and on behalf of his/her executors, and indemnify the YMCA, its agents, employees, directors, board of directors, administrators, medical staff, governing body, or affiliates for any and all such claims, demands, injuries, damages, actions or lawsuits.

I declare that I have read, understood, and agree to the contents of this informed consent agreement in its entirety. This agreement shall be binding upon me, my next of kin, my heirs, and my estate.

If any portion of this agreement is deemed to be unenforceable, each and every other portion of the agreement will remain in full force and effect. Should any dispute regarding this agreement arise, the laws of the State of Georgia shall apply.

*If participant is younger than 18 years of age, an authorized guardian must also sign.

**Activity_____YMCA Membership_____

Signature of participant

____/____/____
Date

Parent/ Guardian/ Primary on account

____/____/____
Date

YMCA Staff

____/____/____
Date

2019 PAR-Q+






The Physical Activity Readiness Questionnaire for Everyone

The health benefits of regular physical activity are clear; more people should engage in physical activity every day of the week. Participating in physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

GENERAL HEALTH QUESTIONS

Please read the 7 questions below carefully and answer each one honestly: check YES or NO.	YES	NO
1) Has your doctor ever said that you have a heart condition <input type="checkbox"/> OR high blood pressure <input type="checkbox"/> ?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer NO if your dizziness was associated with over-breathing (including during vigorous exercise).	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)? PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
5) Are you currently taking prescribed medications for a chronic medical condition? PLEASE LIST CONDITION(S) AND MEDICATIONS HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you currently have (or have had within the past 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active? Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active. PLEASE LIST CONDITION(S) HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
7) Has your doctor ever said that you should only do medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

 **If you answered NO to all of the questions above, you are cleared for physical activity. Please sign the PARTICIPANT DECLARATION. You do not need to complete Pages 2 and 3.**

-  Start becoming much more physically active – start slowly and build up gradually.
-  Follow International Physical Activity Guidelines for your age (www.who.int/dietphysicalactivity/en/).
-  You may take part in a health and fitness appraisal.
-  If you are over the age of 45 yr and NOT accustomed to regular vigorous to maximal effort exercise, consult a qualified exercise professional before engaging in this intensity of exercise.
-  If you have any further questions, contact a qualified exercise professional.

PARTICIPANT DECLARATION

If you are less than the legal age required for consent or require the assent of a care provider, your parent, guardian or care provider must also sign this form.

I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that the community/fitness center may retain a copy of this form for its records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

NAME _____ DATE _____

SIGNATURE _____ WITNESS _____




SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____



If you answered YES to one or more of the questions above, COMPLETE PAGES 2 AND 3.



Delay becoming more active if:

-  You have a temporary illness such as a cold or fever; it is best to wait until you feel better.
-  You are pregnant - talk to your health care practitioner, your physician, a qualified exercise professional, and/or complete the ePARmed-X+ at www.eparmedx.com before becoming more physically active.
-  Your health changes - answer the questions on Pages 2 and 3 of this document and/or talk to your doctor or a qualified exercise professional before continuing with any physical activity program.