

YM MEMBERSHIP

We build strong kids, strong families, strong communities.

www.ymcatulsa.org

OFFICE USE ONLY	
Branch	
Memb. Type	
MFA %	
Date	
Staff	
Notes	

YMCA OF GREATER TULSA

APPLICANT/PARENT OR GUARDIAN

Bar Code#
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 First Name:

A P P L I C A N T	FIRST NAME <small>Mr. Mrs. Miss</small>		MIDDLE INITIAL	LAST NAME
	BIRTHDATE / /	GENDER <input type="checkbox"/> MALE / <input type="checkbox"/> FEMALE		WOULD YOU LIKE TO VOLUNTEER? <input type="checkbox"/> YES / <input type="checkbox"/> NO
	ADDRESS			PHONE#
	CITY, STATE			ZIP+4
	E-MAIL ADDRESS			WHAT BROUGHT YOU TO THE YMCA TODAY?
	COMPANY NAME			OCCUPATION
	ADDRESS			PHONE#
	CITY, STATE			ZIP+4
	E-MAIL ADDRESS			
	EMERGENCY CONTACT (not living with you) Name			PHONE#

SPOUSE'S INFORMATION

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FIRST NAME	MIDDLE INITIAL	LAST NAME
BIRTHDATE / /	GENDER <input type="checkbox"/> MALE / <input type="checkbox"/> FEMALE	WOULD YOU LIKE TO VOLUNTEER? <input type="checkbox"/> YES / <input type="checkbox"/> NO
COMPANY NAME	OCCUPATION	PHONE#

DEPENDENTS INFORMATION

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 Last Name:

FIRST NAME	LAST NAME	BIRTHDATE	GENDER
		/ /	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
		/ /	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
		/ /	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
		/ /	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
		/ /	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
		/ /	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

MISSION: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

WAIVER AND RELEASE OF LIABILITY

LIABILITY WAIVER I understand that the YMCA of Greater Tulsa, its officers, employees, agents, and volunteers assume no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my observation or participation in any activity or use of facilities or equipment used for YMCA activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from my participation in these activities. I hereby release and discharge the YMCA of Greater Tulsa, its agents, officers, volunteers, and employees from any and all claims for injury, illness, death, loss or damage, which I may suffer as a result of my participation in these activities.

INNAPPROPRIATE BEHAVIOR Inappropriate behavior or conduct such as profanity or abusive language, inappropriate attire, smoking, use of alcohol or drugs, the removal of YMCA property, physical harm to another person or threat of such actions, sexually offensive actions, confirmed listing as a registered sex offender, or criminal conduct of any type is unacceptable and will not be tolerated. When the safety of others is threatened, a member or anyone on YMCA property, may be immediately removed and expelled from all YMCA of Greater Tulsa facilities.

PROPERTY LOSS I understand that the YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using YMCA facilities or on YMCA program premises.

PHOTOGRAPH PERMISSION I give my permission for the YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my image or voice for purposes of promoting or interpreting YMCA programs.

INSURANCE I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all YMCA activities. The YMCA does not provide any accident or health insurance for its participants.

MEDICAL RELEASE My permission is granted to the YMCA of Greater Tulsa to provide or obtain medical attention for me or members of my family in the event of sickness or injury. I realize and understand that my family insurance policy will be the primary insurance for any accident or medical claim. Should I or any member of my family, require special medical treatment, prescriptions, or hospital care, I am responsible for all expenses.

Initials _____ I have received the YMCA Exercise & Health Information Form.

ACCEPTANCE I understand that all memberships are non-transferable or refundable. The waiver and release is given for myself and on behalf of the minor members listed, if any. I acknowledge the conditions for membership stated above. If any portions of this waiver are held to be invalid, I agree that the remaining terms shall continue to be in full legal force and effect. I have read, or have had read to me and voluntarily sign this waiver and release form liability.

Signature _____ Date _____

MEMBERSHIP BANK DRAFT AUTHORIZATION

I/we hereby authorize to initiate debit entries to my/our checking/savings/credit card account indicated below and the bank named below to deposit the same amount into the account of the YMCA of Greater Tulsa. This authority is to remain effective until written request for termination received at least 30 days prior to the draft. Bank drafts will be initiated on the 5th or 20th of each month. A \$15.00 service charge will be added for all NSF. Dues are subject to change with a minimum 20 day notice.

Signature of Participant (must be 18 or older)	Date	Draft Date
Name on Account	Financial Institution Name	
<input type="checkbox"/> Checking Account	Routing # _____	Accounting # _____
<input type="checkbox"/> Savings Account	Routing # _____	Accounting # _____
<input type="checkbox"/> Credit/Debit Card Account	# _____	
EXP Date _____		

DEMOGRAPHIC INFORMATION

ETHNIC ORIGIN	HOUSEHOLD INCOME		WHAT BROUGHT YOU HERE TODAY?		
African American	Under 10,000	60,000 - 69,999	Mailing	Newspaper	Street Sign
Native American	10,000 - 19,999	70,000 - 79,999	TV/Radio Ad	Yellow Pages	School Brochure
Hispanic	20,000 - 29,999	80,000 - 89,999	Friend	Another Member	Other
Asian	30,000 - 39,999	90,000 - 99,999	Name: _____		
Caucasian	40,000 - 49,999	100,000 +			
Other	50,000 - 59,999				

OFFICE USE ONLY

Date	Staff enrolled by	Branch
Amount paid		
Membership type		
<input type="checkbox"/> Adult	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Senior Family (60+)
<input type="checkbox"/> Family	<input type="checkbox"/> Senior Adult (60+)	<input type="checkbox"/> Young Adult (19-24)
<input type="checkbox"/> Towel Service	<input type="checkbox"/> Laundry Service	<input type="checkbox"/> Teen (14-18)
		<input type="checkbox"/> Youth (13 and younger)
		Locker # _____ Color _____