



# FRANKFORT YMCA MEMBERSHIP APPLICATION

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

## MEMBERSHIP OPTIONS (PLEASE CHECK MEMBERSHIP TYPE)

- Youth (>12)   
  Family (2 Adults & Dependents)   
  Adult (18+)   
  Senior (60+)   
  Silver Sneakers  
 Teen (13-17)   
  College (Full Time/Attach Copy of Class Schedule)   
  Other \_\_\_\_\_  
 Have you previously attended the YMCA as a member or participated in any other Frankfort YMCA activity?   
 Yes   
 No  
 Scholarship (attach acceptance letter and thank you note)   
 Yes   
 No

## PRIMARY MEMBER (18YRS+) OR PARENT OF YOUTH OR TEEN (PLEASE PRINT)

First Name		Middle Initial	Last Name		Membership Card Barcode (Staff use)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Race (optional) <input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Other			
Home Address			City	State	Zip
Home Phone		Cell/Other Phone		E-Mail	
Employer		Business Phone		Occupation	
Emergency Contact		Emergency Phone		Relation to Primary	
Would you consider volunteering at the YMCA?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you hear about the YMCA?					
<input type="checkbox"/> Radio	<input type="checkbox"/> Magazine	<input type="checkbox"/> Member	<input type="checkbox"/> Live in Area	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Former Member
<input type="checkbox"/> Newspaper	<input type="checkbox"/> YMCA	<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Medical Referral	<input type="checkbox"/> TV
				<input type="checkbox"/> Place of Employment	<input type="checkbox"/> Email

## ADDITIONAL ADULT

First Name		Middle Initial	Last Name		Membership Card Barcode (Staff use)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Race (optional) <input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Other			
Home Phone		Cell/Other Phone		E-Mail	
Employer		Business Phone		Occupation	
Emergency Contact		Emergency Phone		Relation to Primary	
Would you consider volunteering at the YMCA?		<input type="checkbox"/> Yes <input type="checkbox"/> No			

## DEPENDENT MEMBERS (MUST RESIDE IN THE SAME HOUSEHOLD)

FIRST CHILD	First Name		Middle Initial	Last Name		Relation to Primary
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Race (optional) <input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Other		Membership Card Barcode (Staff use)	
SECOND CHILD	First Name		Middle Initial	Last Name		Relation to Primary
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Race (optional) <input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Other		Membership Card Barcode (Staff use)	

THIRD CHILD	First Name		Middle Initial	Last Name	Relation to Primary
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Race (optional) <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic	<input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Other
FOURTH CHILD	First Name		Middle Initial	Last Name	Relation to Primary
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Race (optional) <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic	<input type="checkbox"/> African American/Black <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Other

### AREAS OF INTEREST

<input type="checkbox"/> Aerobics - Group Ex.	<input type="checkbox"/> Child Care	<input type="checkbox"/> Family Recreation	<input type="checkbox"/> Cycle Aerobics	<input type="checkbox"/> Social Activities
<input type="checkbox"/> Coaching	<input type="checkbox"/> Strength Training	<input type="checkbox"/> Parent-Child Programs	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Sports
<input type="checkbox"/> Board Member	<input type="checkbox"/> Summer Camp	<input type="checkbox"/> Senior Programs	<input type="checkbox"/> Aquatics	<input type="checkbox"/> Other

### VOLUNTEER WORK

<input type="checkbox"/> Aerobics - Group Ex.	<input type="checkbox"/> Child Care	<input type="checkbox"/> Family Recreation	<input type="checkbox"/> Cycle Aerobics	<input type="checkbox"/> Social Activities
<input type="checkbox"/> Coaching	<input type="checkbox"/> Strength Training	<input type="checkbox"/> Parent-Child Programs	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Sports
<input type="checkbox"/> Board Member	<input type="checkbox"/> Summer Camp	<input type="checkbox"/> Senior Programs	<input type="checkbox"/> Aquatics	<input type="checkbox"/> Other

### PAYMENT METHOD

<input type="checkbox"/> <b>MONTHLY BANK DRAFT</b> (Attach copy of EFT agreement)	<input type="checkbox"/> <b>MONTHLY CREDIT CARD</b> (Attach copy of EFT agreement)
<input type="checkbox"/> <b>QUARTERLY DRAFT</b> (Attach copy of EFT agreement)	<input type="checkbox"/> <b>QUARTERLY</b> (Billed every 3 months)
<input type="checkbox"/> <b>SEMI-ANNUAL</b> (Billed every 6 months)	<input type="checkbox"/> <b>ANNUAL</b>

### MEMBER RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. I HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to myself, my personal representatives, assigns, heirs, and next of kin for any loss or damage, any claim or demands on account of injury to the person or property or resulting in death, whether caused by the negligence of the releasees or otherwise while in, upon, or about the premises or any other facilities or equipment therein or participating in any program affiliated with the YMCA.

2. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees from loss, liability, damage or cost they may incur while present, observing, using facility or equipment or participating in any program whether caused by negligence or otherwise.

3. I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROERTY DAMAGE due to negligence of the releasees while in, about or upon the premises and/or while using the premises of any facilities or equipment thereon or participating in any program affiliated with the YMCA.

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

I expressly grant permission to the Frankfort YMCA to photograph himself/herself and/or his/her children for publicity purposes.

I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statement or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

____/____/____ Date	_____ Signature of Applicant	____/____/____ Date	_____ Signature of Additional Adult
	_____ Print Name		_____ Print Name

### FOR OFFICE USE ONLY

_____ Entry Fee Paid	_____ Membership Paid	_____ Receipt #	_____ Membership ID#	_____ Staff Initials
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Comments: \_\_\_\_\_

### OUR MISSION

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

Revised 10/2010