



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Membership #

# WELCOME!

## MEMBERSHIP APPLICATION • DICKSON COUNTY FAMILY YMCA

### OFFICIAL USE ONLY

Staff Initials: \_\_\_\_\_ Join Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Paid: \_\_\_\_\_

Membership Type: ☐ Family ☐ Individual ☐ Senior Adult ☐ Senior Family ☐ Single Parent

☐ DBOE Family ☐ DBOE Individual ☐ Student Verified by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

To help us serve you better, please fill out ALL of the following information, which will be kept confidential.

### Primary's Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female

Your Occupation: \_\_\_\_\_ Your Employer: \_\_\_\_\_

Emergency Contact NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Spouse/Dependent(s)/Children's Information

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female Relationship: \_\_\_\_\_ School/Employer: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female Relationship: \_\_\_\_\_ School/Employer: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female Relationship: \_\_\_\_\_ School/Employer: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female Relationship: \_\_\_\_\_ School/Employer: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female Relationship: \_\_\_\_\_ School/Employer: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female Relationship: \_\_\_\_\_ School/Employer: \_\_\_\_\_

How did you hear about the Y? ☐ Internet ☐ Newspaper ☐ TV/Radio ☐ Walk-In ☐ Y Publication ☐ Y Member ☐ Other: \_\_\_\_\_

Why did you join the Y? \_\_\_\_\_

The Y is a volunteer-driven organization. We utilize volunteers in programs such as youth sports, special events, and facility projects. With that being said, we can use your help and would like to know whether or not a staff member may contact you about volunteering. ☐ Yes ☐ No

If yes, what special skills do you have (e.g. carpentry, coaching, plumbing)? \_\_\_\_\_

Additionally, what areas are you interested in (e.g. youth sports, special events)? \_\_\_\_\_

**\*CONTINUED ON BACK\***

## Annual Campaign \*Optional\*

One hundred percent of money donated to our annual campaign goes directly to help those who cannot afford Y programs in our community due to financial constraints. If you would like to help, please indicate your contribution to the campaign below:

☐ \$10 ☐ \$25 ☐ \$50 ☐ \$100 ☐ Other: \_\_\_\_\_ ☐ One Time ☐ Monthly ☐ Annually

All contributions are tax deductible to the extent of the law.

## Demographic Information \*Optional\*

For the purposes of compiling demographic information on our membership, we ask you to complete the following information. Please note that providing this information, which will be kept confidential, is voluntary, and **not required** for membership to the Y.

### Primary's Ethnicity

☐ Hispanic or Latino ☐ Black or African-American ☐ Native Hawaiian or other Pacific Islander ☐ White  
☐ Asian ☐ American Indian or Alaska Native ☐ Two or More Races ☐ Other

## Membership Application Notice

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

## Health History \*Optional\*

Does anyone previously listed have any serious medical conditions that we should be aware of? If so, please write their name and check the correct box or write a short description in "Other". Name: \_\_\_\_\_

☐ Anaphylaxis ☐ Diabetes ☐ Heart Disease ☐ Other: \_\_\_\_\_

## Membership Waivers

Please **INITIAL** and **SIGN** all lines to indicate received written policies / materials and agree to terms with **SIGNATURE** below.

**Member** **Waiver for Program Participation (REQUIRED):** I understand that Y activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all Y programs and facilities, including transportation to and from said activities. I further release, absolve, indemnify, and agree to hold harmless, the Y, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of Y facilities or participation in any Y activity, whether located on Y property or not.

**Member** **Waiver for Photo / Video / Audio Release (REQUIRED):** I understand and give my consent for any photos, video, and/or audio taken of my child and/or myself involved in Y programs to be used for Y promotions, training, and/or displays. In the event I DO NOT want to be in YMCA promotional material I will let the photographer and/or videographer know at that time.

**Member** **Membership Policies Waiver (REQUIRED):** I understand that membership to the Y is a privilege and may be revoked for conduct unbecoming a member as states in the rules of the facility or at the discretion of the director.

**Member** **(REQUIRED)** I understand that members are responsible for checking their bank statements for incorrect charges. I further understand that if an error occurs the "Primary Member" can be refunded up to 3 months past the charge. I, understand by signing this membership agreement that the YMCA requires a Change or Cancellation form to be completed by the "Primary Member" to make any changes to my membership, including stopping my bank draft, and adding or removing members and/or cancellation/hold of my membership. I understand that my membership dues are withdrawn on the 1<sup>st</sup> or 15<sup>th</sup> of the month, and that my Change Form or Cancellation Form must be received by the YMCA at least 48 hours prior to the FIRST DAY of the upcoming month in order not to be billed for and be liable for charges for the upcoming month. All new facility members will pay a non-refundable joining fee to be used for capital expenditures and continued development of the Dickson County Family YMCA. Anyone whose membership has lapsed or has been cancelled due to lack of payment must pay the joining fee if balance has not been paid within 30 days of the date of cancellation.

**Member** **Nationwide Membership Waiver (REQUIRED):** By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

**Member** **(REQUIRED)** I am aware of the wellness floor policies for children ages 14 and under. I am aware that children ages 8 years old and under are **NOT ALLOWED** on the wellness floor. They are allowed to walk the track with a parent/guardian only. I am aware in order for children ages 9 - 14yrs old to be on the wellness floor. They **MUST** have taken and passed an Equipment Orientation by our wellness staff. **(SEE AGE REQUIREMENTS)**

**STAFF**

Signature (If Minor, Signature of Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Our Mission:** To put Christian principles into practice through programs that build a healthy spirit, mind, and body for all.  
Dicksoncountymca.org