

Member #: \_\_\_\_\_



OFFICE USE FOR CHILDCARE PARTICIPANTS ONLY

Enrollment Fee Paid  
 Date \_\_\_\_\_  
 Payment Type \_\_\_\_\_ \$ \_\_\_\_\_  
 Waiver (Must specify reason)  
 Reason \_\_\_\_\_  
 Director Signature \_\_\_\_\_

**YWCA YORK MEMBERSHIP APPLICATION**

New  Renewal

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
 First Name Middle Name Last Name

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

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Home  Mobile  Work  Home  Mobile  Work

E-mail address: \_\_\_\_\_ Gender:  Male or  Female

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Director/Coordinator: \_\_\_\_\_

**Membership Type:**

Basic:  Adult \$35  Senior \$30  Child \$25  
 Donor (includes basic):  Contributor \$50  Supporter \$75  Sustainer \$100  Benefactor \$250

**Program Participation:**

Fitness  Aquatics  Preschool/ Childcare  Pre-K Counts  
 School Age Childcare  Camp Cann-Edi-On  Explorers Camp  Temple Guard  
 Girls on the Run  QOP

Location:  E. Market Street  Manchester  King Street  Queen Street

**The following information will be kept confidential and is for United Way purposes only:**

Ethnic Background:  African American  Asian  Caucasian  Hispanic  
 Native American  Bi-racial  Multi-racial  Other

Family Income:  \$0 - \$15,000  \$15,000 - \$25,00  \$25,000 - \$50,000  \$50,000+

**How did you here about the YWCA?**

Friend / Co-Worker  Radio  Newspaper  Special Event  Yellow Pages  
 Website  Other: \_\_\_\_\_

**PLEASE READ AND SIGN WAIVER ON THE REVERSE SIDE.**

YWCA York

Agreement and Release of Liability

In the event I register and/or participate in any YWCA programs, I agree to the following Release of Liability:

1. I understand and am aware that strength, flexibility, swimming and aerobic exercise, including the use of equipment, is potentially a hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved.
2. I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as stated. I acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I acknowledge that I have either had a physical examination and been given my physician's permission to participate or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and that I assume all responsibility for my participation and activities.
3. I fully understand the nature of the YWCA programs and I waive and release any and all responsibilities, liability or damages which may be blamed upon such exercise and assistance.

**PARENT OR GUARDIAN, PLEASE SIGN FOR CHILDREN UNDER THE AGE OF 18 YEARS OLD.**

Date: \_\_\_\_\_

Print Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Print Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

For participants under 18 years of age.

**IMPORTANT**

**Please talk to your instructor before the first class if you or your child has any special conditions that we should be made aware of.**

**Emergency Contacts:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_