



# YMCA OF SNOHOMISH COUNTY MEMBERSHIP APPLICATION

Please select membership type:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Program Member (Individual) | <input type="checkbox"/> Adult (30-64)     | <input type="checkbox"/> AOA/Senior (65+) | <input type="checkbox"/> Optum Fitness Advantage                                  |
| <input type="checkbox"/> Program Member (Family)     | <input type="checkbox"/> Adult Couple      | <input type="checkbox"/> SilverSneakers®  | <input type="checkbox"/> Access For All   |
| <input type="checkbox"/> Youth (0-18)                | <input type="checkbox"/> Family* – 1 Adult | <input type="checkbox"/> Silver&Fit®      | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Young Adult (19-29)         | <input type="checkbox"/> Family* – 2 Adult | <input type="checkbox"/> At Your Best     | <input type="checkbox"/> YMCA Staff (FT) <input type="checkbox"/> YMCA Staff (PT) |

\* Family is defined as one or two adults and their dependents who are under the age of 19 or a full-time student (with valid student ID), or a person for whom the member(s) claims a tax deduction. All family members must reside at the same address.

Everett    Marysville    Mill Creek    Monroe    Mukilteo    Stanwood-Camano   **MEMBERSHIP #:** \_\_\_\_\_

PRIMARY MEMBER						
<b>N A M E</b>	First Name		Middle Name		Last Name	
	Date of Birth / /		Ethnic Origin <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander			Gender <input type="checkbox"/> M <input type="checkbox"/> F
	Cell Phone (   )				Permission to Text <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Primary Account Email					
<b>H O M E</b>	Street Address					Apt./Unit #
	City		State	Zip	Home Phone (   )	
<b>W O R K</b>	Employer Name			Position/Occupation		
	Street					Suite #
	City		State	Zip	Work Phone (   )	
2 <sup>nd</sup> ADULT MEMBER or Parent/Guardian for applicants under 18 years						
<b>N A M E</b>	First Name		Middle Name		Last Name	
	Date of Birth / /		Ethnic Origin <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander			Gender <input type="checkbox"/> M <input type="checkbox"/> F
	Cell Phone (   )				Permission to Text <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Employer Name			Position/Occupation		
<b>W O R K</b>	Street Address					Suite #
	City		State	Zip	Work Phone (   )	E-mail
	DEPENDENTS					
First Name	MI	Last Name		Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Ethnic Origin <input type="checkbox"/> Am. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander
EMERGENCY CONTACT (Required) Other than in your household			Name			Phone (   )

Please complete reverse side →

## CONDITIONS OF MEMBERSHIP

**YMCA Financial Assistance:** The YMCA of Snohomish County welcomes people of all socioeconomic backgrounds. The YMCA of Snohomish County makes every effort to ensure that no person, especially youth will be denied access to programs because of financial hardship.

**Member Health:** The applicant(s) represents that he/she is in physically sound condition and understands that participation in group exercise and other exercise, weight training, recreational sports, and use of pools, spas, saunas, steam rooms and fitness equipment carry a potential risk of injuries or illness. The applicant further understands that the YMCA of Snohomish County assumes no responsibility for any such injury or illness.

**Member Conduct and Right to Use the Facility:** The applicant(s) agrees to abide by all policies and procedures of the YMCA of Snohomish County and its branches; and understands that failure to act in accordance with these rules may result in expulsion from the YMCA and revocation of the membership. 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. **Registered Sex Offenders (Levels 2 or 3) may not apply to become YMCA members.**

**Property Loss:** The applicant(s) understands that the YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities, including parking lots, or participating in YMCA programs.

**Photograph Permission:** The applicant(s) hereby gives permission for the YMCA to use, without limitation or obligation, photographs, film footage or tape recordings which may include the applicant(s) image or voice for purposes of promoting or interpreting YMCA programs.

**Insurance:** The applicant(s) understands that the YMCA does not provide any accident or health insurance for its members or participants and further understands it is the applicant's responsibility to provide such coverage.

**Medical Treatment:** The applicant(s) gives permission for YMCA staff or volunteers to provide emergency medical treatment, and to transport to an emergency center for treatment. Also, the applicant(s) consents to medical treatment deemed immediately necessary or advisable by a physician.

**Release of Liability/Participation:** I am an adult age 18 or older and wish to participate in YMCA activities. In addition, if applicable, I give permission for my dependents to participate in YMCA activities. I understand that accidents can sometimes happen. Therefore, in exchange for the YMCA allowing me, and if applicable, my spouse and my dependents to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its employees, its boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its employees, boards, members, volunteers or guests. In addition, 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.

Is any applicant a Registered Sex Offender (Levels 2 or 3)?  No  Yes Name \_\_\_\_\_

**Signature of All Members Age 18 or Older or Signature of Parent/Guardian of Applicants Under 18**

Signature	Date	Signature	Date
Signature	Date	Signature	Date

How did you hear about the YMCA? \_\_\_\_\_

**Volunteers** – The YMCA is seeking volunteers for all program areas. If you have a talent you would like to share, or if you would like to make a difference in the life of a child, please check the box below and a staff member will contact you.  
 Yes, I would like to volunteer.

**Annual Campaign Donation** – (tax deductible as legally allowable – please consult your tax advisor). **Yes**, I want to help financially-challenged youth and families participate in YMCA programs. I authorize the YMCA to add the following amount to my monthly bank draft to support the YMCA Annual Campaign: \$25 \$15 \$10 \$5 Other \_\_\_\_\_

**Signature:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

- New Member Packet
- Photo ID Check
- Guest Passes
- Bank Draft Authorization Form
- Right Start Appointment
- Membership Cards
- Registered Sex Offender Check

Date Entered: \_\_\_\_\_  
 Staff Name: \_\_\_\_\_  
 Program Membership Fee: \_\_\_\_\_  
 Prorate: \_\_\_\_\_  
 Total Paid: \_\_\_\_\_

Access for All Income Level: (Circle one) A B C D E

Attach Bank Draft Authorization Form Here