

(Staff Use)  
 New Information  
 Updated Information

# YMCA of the Upper Main Line Membership Application

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

*Our Mission:*

To enrich our community by building a healthy **Spirit, Mind and Body** for all.

Primary Member (00): \_\_\_\_\_  
Title First Last MI DOB Gender Member Number (Staff Use)

Address: \_\_\_\_\_  
Street City State Zip Home Phone Cell Phone Business Phone

Email: \_\_\_\_\_ **Do You Want To Set Up Your Online Account Now?** Yes No

Emergency Contact: \_\_\_\_\_ Member's Employer: \_\_\_\_\_  
First Last Emergency Phone Company Name

Spouse (01): \_\_\_\_\_  
Title First Last MI DOB Gender Cell Phone

Spouse's Employer: \_\_\_\_\_  
Company Name Business Phone

**How did you hear about the YMCA?**

- Member Referral     Advertising     Word of Mouth  
 Program Guide     Direct Mail     Membership Renewal  
 Website     Drop in     Other: \_\_\_\_\_

**Dependents:**

First Name	MI	Last Name	Gender	Date of Birth
(02)				
(03)				
(04)				
(05)				

**Payment Method:**

- Program Member  
 Annual Payment  
 EFT Draft:     Checking  
                            Credit Card

These two questions are optional. They are used for grant applications that will help make our Y a better place for our members and community.

1. **Ethnicity:** *Optional Response – used for grant applications:*

- Caucasian     Hispanic     African American     Asian     Native American     Other

2. **Household Income:** *Optional Response – used for grant applications:*

- 0-25K     25-50K     50-100K     100K+

**1. Are You Interested In Volunteering?**

- Yes     No

**2. If so, what department are you interested in?**

- Aquatics     Child Care  
 Youth Sports     Family Activities  
 Fitness     Arts/Music  
 Community Events  
 Other \_\_\_\_\_

(Staff Use)

**Membership Type:**

- Youth     College     Young Adult  
 Adult     Family     Senior Family

**Branch:**

- 001  
 202

**Misc. Subsidies:**

- Corporate  
 Military  
 Other \_\_\_\_\_

**Misc. Memberships:**

- College Holiday     Silver Sneakers  
 Nanny     Summer Camp  
 Other \_\_\_\_\_

**Silver Sneakers:**

Insurance Carrier: \_\_\_\_\_  
 Insurance ID: \_\_\_\_\_  
 Reference #: \_\_\_\_\_

**CONDITIONS OF MEMBERSHIP**

Members are required to present a valid membership card for identification when entering YMCA facilities. Lost cards must be replaced for a fee. Members agree to abide by the policies of the YMCA. Cards are the property of the YMCA & must be returned upon cancellation of membership. Membership fees are non-refundable.

**PLEASE SIGN BACK**

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# PARTICIPATION AGREEMENT

This Participation Agreement is between \_\_\_\_\_ (participant) and the YMCA of the Upper Main Line,  
Your Name Goes Here

which is also known as "UMLY" and includes the Lionville Community YMCA (collectively, "UMLY").

**NOTICE – Please read this carefully**

**Anyone starting a new exercise program, sport or recreational activity should consult with a physician before doing so.**

I, the Participant listed above, desire to use programs, facilities and/or equipment of the UMLY.

I acknowledge that I voluntarily am choosing to participate in UMLY programs and/or use UMLY facilities and/or equipment. I am under no obligation to do so. I understand that there are risks associated with any recreational activity or fitness program. I understand that there are risks involved in the use of facilities and equipment such as swimming pools, diving boards, saunas, basketball courts, gymnastics equipment, treadmills and all other exercise or fitness equipment. I have been advised by UMLY to consult with a physician prior to undertaking any fitness program or recreational activity, and I know that UMLY does not provide medical advice or medical care. I accept the risk of participating in UMLY programs and will not hold UMLY responsible for any injury or illness arising from my use of UMLY facilities or equipment or participation in any UMLY activities.

In exchange for allowing me to use UMLY facilities and participate in UMLY programs, I hereby waive and release any and all rights and claims against the UMLY, its officers, directors, employees, members, and/or volunteers, for any and all damages which may be sustained by me or my minor child(ren) as a result of my use or my minor child(ren)'s use of any UMLY facilities or equipment or my participation in any UMLY programs.

I also grant permission to UMLY to use photographs and video of me for any and all UMLY publicity purposes.

Also, I acknowledge that my family, my guests, and I will adhere to Upper Main Line YMCA's Code of Conduct.

WITNESS:

PARTICIPANT  
(or parent/guardian if Participant is a minor or incapacitated)

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

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Member Signature