



Lake County YMCA Application for Membership

Member Info

<u>First Name</u>	<u>Middle Initial</u>	<u>Last Name</u>
Gender: Male _____ Female _____		
Birth Date:		
Marital Status: Single _____ Married _____ Divorced _____ Separated _____		
Race: Unspecified _____ Alaskan Native _____ African American/Black _____ Asian/Pacific Islander _____ Caucasian/White _____ Hispanic _____ Other _____		

Contact

Home Address Line 1	
Home Address Line 2	
City	
State/Zip	
Home Phone	()
Cell/Other Phone	()
E-mail	
Employer	
Employer Matches Gifts?	Yes/No
Business Address Line 1	
Business Address Line 2	
State/Zip	
Business Phone	() Ext:
Business Fax	()
Emergency Contact	First Name Last Name
Emergency Phone	
Relation to Primary? Self Spouse Son Daughter Parent Dependent Friend Other	

Marketing

Household Income
<input type="checkbox"/> \$0-\$13,999
<input type="checkbox"/> \$14,000-\$24,999
<input type="checkbox"/> \$25,000-\$39,999
<input type="checkbox"/> \$40,000-\$54,999
<input type="checkbox"/> \$55-\$74,999
<input type="checkbox"/> \$75,000+

How did you hear about the YMCA?
<input type="checkbox"/> Radio
<input type="checkbox"/> Television
<input type="checkbox"/> Billboard
<input type="checkbox"/> Driveby-live in area
<input type="checkbox"/> YMCA
<input type="checkbox"/> Direct mail
<input type="checkbox"/> Email
<input type="checkbox"/> Yellow Pages
<input type="checkbox"/> Newspaper
<input type="checkbox"/> Place of Employment
<input type="checkbox"/> Member
<input type="checkbox"/> Former Member
<input type="checkbox"/> Friend/Family
<input type="checkbox"/> Medical referral

Areas of Interest/ Volunteer Work?
<input type="checkbox"/> Aerobics-Group Ex.
<input type="checkbox"/> Spinning
<input type="checkbox"/> Strength Training
<input type="checkbox"/> Sports
<input type="checkbox"/> Summer Camp
<input type="checkbox"/> Resident Camp
<input type="checkbox"/> Child Care
<input type="checkbox"/> Coaching
<input type="checkbox"/> Parent-Child Programs
<input type="checkbox"/> Teen Activities
<input type="checkbox"/> Senior Programs
<input type="checkbox"/> Social Activities
<input type="checkbox"/> Family Recreation
<input type="checkbox"/> Volunteerism
<input type="checkbox"/> Fundraising
<input type="checkbox"/> Board Member
<input type="checkbox"/> Aquatics
<input type="checkbox"/> Other

Name (Last if different)	Birthdate	Sex	Race	Employer / School
2nd Adult				
Children				

Office Use Only	Join Date:	Method of Payment:	Rates (tax not included)
	Enrolled by:	Check _____ Cash _____ Credit Card _____	Perry Program: \$25
	Membership Type:	Fee Charged: _____ Date _____ Staff _____	OFC Family: \$220 OFC Adult: \$125
	PERRY		OFC Youth: \$80

Inexpensive summer fun for you and your family!
Perry Township/YMCA Outdoor Family Center Summer Program

The Perry Township Trustees and Lake County YMCA invite you to a another fun-filled summer at the YMCA Outdoor Family Center! If you and your family are permanent residents in the Perry Local School District, you're eligible for this summer program. **Sign the bottom of this page**, complete the registration application on the **reverse side** and return it with the **\$25.00** registration fee and **proof of permanent township residency** to: **YMCA OFC, 4540 River Road, Perry OH 44081**. Call **259-2724** for more information!

When you sign-up for the program you will enjoy family pass privileges at the YMCA Outdoor Family Center **from May 29 through September 6, 2010** -- seven days a week! This includes the OFC's Family Aquatic Center, in-line skating rink, outdoor racquetball & tennis courts, playground, hiking trails, picnic areas and our fun-filled Splashpad. \$25.00 for the entire family for the entire summer! This is over a \$200 savings thanks to the generosity of the Perry Township Trustees, who cover the difference to provide great summer opportunities for families in the Perry area!

Register before the May 29 pool opening and you can use your Perry Program Pass over Memorial Day weekend! Membership cards require photos be taken at the OFC. In order to get your new cards quickly, feel free to stop by the OFC before the opening of the pool so we can take your photo.

Don't Forget . . . The Summer Splash Day-June 5
Swimming — Entertainment ,and more — All FREE!
Check us out at www.LakeCountyYMCA.org



Annual prorated OFC memberships are available to those who would like to enjoy the OFC services and programs year-round!
Perry program participation does not include YMCA membership rates on spring and fall OFC programs.

YMCA MISSION STATEMENT

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

CONDITIONS OF MEMBERSHIP

All members are required to present a current, valid membership card when using the YMCA's facilities and programs. Membership cards are not transferable. As a member of the YMCA, you are agreeing to follow the policies, procedures and appropriate behaviors for the safety and comfort of all members and guests. A copy of the Lake County YMCA General Policies can be obtained from your local YMCA branch.

DISCLAIMER/HOLD HARMLESS STATEMENT

I/we understand that there is a risk of serious injury associated with the use of the YMCA facilities, participation in YMCA programs and use of exercise and other equipment. As a condition of my membership I agree to assume the risk of injury arising from my use of the facilities, programs, equipment and for all other matters at all YMCA locations or program whenever occurring. On behalf of myself and my heirs, administrators and executors, I hereby release and hold the YMCA and it officers, trustees, employees, agents and contractors harmless from all such claims for injury and damage. I understand that I would not be permitted to participate in any YMCA program or use any YMCA facility or equipment without this agreement.

I authorize the Lake County YMCA or its designees, agencies and contractors to create, have and use photographs, slides and videotapes containing my image for its record keeping or marketing/public relations programs.

In the event of reasonable attempts to contact me have been unsuccessful, I hereby give my consent for any minors named on the application to be transferred to any hospital reasonably accessible. Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted, are:

I understand that the Lake County YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs.

I/we have read and understand the mission statement, conditions of membership, and disclaimer/hold harmless statement above. In addition, I/we understand and agree that the conditions of membership and the disclaimer/hold harmless statement are in effect throughout my membership with the Lake County YMCA. I/we also understand and agree that if the membership is interrupted for any reason, these agreements will remain in effect during the period of interruption as well as after the membership is reinstated.

SIGNATURE _____ **DATE** _____
(Applicant) Parent must sign for minors

SIGNATURE IS REQUIRED TO RECEIVE YOUR MEMBERSHIP CARD