



My Y Questionnaire

Answering these questions will help us ensure you get the most out of your Y experience.

I heard about the Y through:

(Check all that apply)

- Saw the sign outside School Flyer Yellow Pages Facebook
 Website Radio Newspaper Mail
 Referred by a Y member (who please, we'd like to thank them.)

Other _____

My main areas of interests are:

(Check all that apply)

- Group Exercise/Group Cycling Strength Training Sports
 Aquatics/Swim Lessons Senior Activities Y's Folks (Auxiliary Group)
 Childcare Family Rec. Parent/Child Programs Summer Day Camp
 Coaching Teen Activities Social Activities
 Volunteerism Fundraising Board Member

COMMENTS _____

Please complete and return the orientation request sheet found in your new member packet to help you learn how to correctly use the equipment or speak with a personal trainer about your fitness goals.

**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**



FERGUS FALLS AREA FAMILY YMCA
 1164 N Friberg Ave, Fergus Falls, MN 56537
 218-739-4489 • www.fergusfallsymca.org

Membership Services Staff Use Only

Join Date: _____
 List Insurance Plan (if using): _____
 Billing Cycle (circle): Monthly or Annual
 If Annual, Expiration Date: _____
 Membership Type: Adult YA Teen Youth
SPF Fam SR Sr Couple
 Primary Unit Barcode # _____

MEMBERSHIP APPLICATION

Name _____
 FIRST **MIDDLE INITIAL** **LAST**

IF A YOUTH MEMBERSHIP, Please Provide:
 Parent/Guardian Name: _____ Date of Birth: _____

Mailing Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail Address _____

*Email address will be used for YMCA purposes only.

Date of Birth ___/___/___ Male Female Married Single

Employer or School _____

In case of emergency, notify:

Name _____ Phone _____

LIST ADDITIONAL FAMILY MEMBERS • List eligible family members included in this membership. *Family- Any two adults or two adults and children age 19 and younger or full-time college student age 22 and younger living in the same household. **Single Parent Family- Any one adult and children age 19 and younger or full-time college student age 22 and younger living in the same household. To be eligible, a child must be eligible as a dependent on your Federal Income Tax forms.

Barcode Assigned	First Name	M/I	Last name	Sex	Employer or School	Date of Birth

WAIVER: In consideration of the YMCA accepting this application, I, for myself, my heirs, executors, administrators, and/or for the minor(s) for whom I am signing, release and forever discharge the Fergus Falls Area Family YMCA and its officers, employees, directors, agents, servants, and all connected with YMCA, of and from any and all rights, claims, demands and actions of any and every nature whatsoever, for any and all loss, damage, injuries sustained by me or my property, or by the minor(s) for whom I am signing on his/her property at any time. I also authorize the use of any and all photographs taken within the YMCA to be used for publicity of the YMCA, facility, and programs. I declare, for myself and the minor(s), that I/he/she/we am/are/is physically sound and medically approved to participate in the activities of the YMCA.

Signature of Applicant or Parent/Guardian if a minor _____ Date _____