



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: (Circle all that apply)

Radio Outdoor Sign Direct Mail/Flyer Website/Facebook
Newspaper Work Former Member Medical Referral
Referred by a Y member (who please, we'd like to thank them.)

Other _____

My main areas of interests are: (Circle all that apply)

Group Exercise Child Care Family Rec. Summer Camp
Group Cycling Coaching Volunteerism Swim Lessons
Strength Training Parent/Child Programs Fundraising Senior Programs
Sports Teen Activities Board Member Social Activities
Pickleball Raquetball

Other _____

My wellness goals are: (Circle all that apply)

Socialization/ Meet Friends Stress Management/Time for Self Improve Cardiovascular Fitness
Improve Physical Strength Improve Balance & Flexibility Weight Management

Other _____

Please complete and return the orientation request sheet found in your new member packet for direction on how to correctly use the equipment or to 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: _____
Insurance Reimbursement: Yes No
Billing Cycle (circle): **Monthly** or **Annual** or **Short Term**
If applicable, Expiration Date: _____
Membership Type: Adult YA Teen Youth
SPF Fam SR Sr Couple
Primary Unit Barcode # _____
Staff Initials: _____

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 Other Married Single Race (Optional) _____

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 25 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 25 and younger living in the same household.

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

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. 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. 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