

MEMBERSHIP APPLICATION

Membership Services Staff Use Only				
Join Date:				
Insurance Reimbursement: $\Box Yes \qquad \Box No$				
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:				
Staff Initials:				

Name		
FIRST	MIDDLE INITIAL	LAST
IF A YOUTH MEMBERSHIP, Please Provide	e:	
Parent/Guardian Name:		Date of Birth:
Applicant Mailing Address		
City/State/Zip		
Date of Birth/ Gende	er Race (Optional)	
E-mail Address		Work Phone
*Email address will be used fo	or YMCA purposes only.	
Primary Phone (Home/Cell)	Second Phone (Ho	me/Cell)
Employer or School		
In Case of an Emergency, Please Notif	у:	
Name	Pho	one

LIST ADDITIONAL FAMILY MEMBERS • List eligible family members included in this membership. *Family- Any two adults or two adults and children age 19 and under 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	First Name	M/I	Last name	Sex	Employer or School	DOB	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.



My YMCA Questionnaire

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

i neard about the TMCA th	li Ough: (Circle all that apply)	
Direct Mail/Flyer	Magazine	Place of Employment
Email	Medical Referral	Radio
Facebook	Member	School Flyer
Former Member	Newspaper	Television
Friend/Family	Online	YMCA
Local Event	Outdoor Sign	
Referred by a current YMCA me	mber (Name if applicable)	Other
	<u></u>	
My main areas of interest	S are: (Circle all that apply)	
Aerobics - Group Exercise	Fundraising	Sports
Aquatics	Parent/Child Programs	Strength Training
Board Member	Pickleball	Summer Camp
Child Care	Racquetball	Teen Activities
Coaching	Senior Programs	Volunteerism
Family Recreation	Social Activities	Youth Swim Lessons
Foreverwell	Spinning	
Other		
Interested in volunteering? Area	as of interest	
My wellness goals are: (Circ	le all that apply)	
Socialization/ Meet Friends	Cardiovascular Fitness	Improve Balance & Flexibility
Stress Management	Improve Physical Strength	Weight Management
Self-Improvement	Improve Mental Health	Peer Support
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