



GREENSBURG YMCA MEMBERSHIP APPLICATION

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Membership Type: Adult Sr Cit Sr Cit Rest Family SPF HC HCF COLL SHU

Primary Member	First Name	M.I.	Last Name	Birth Date	Gender
Home/Billing Address			Apt#	City/Town	State Zip
Primary Phone		Secondary Phone		E-Mail Address	
Place of Employment		Insurance Participant? Yes or No		Healthways/Ashlink ID	
Other Adult	First Name	M.I.	Last Name	Birth Date	Gender
Primary Phone		Relationship to Primary		E-Mail Address	
Child 18 or ygr	First Name	M.I.	Last Name	Birth Date	Gender
Child 18 or ygr	First Name	M.I.	Last Name	Birth Date	Gender
Child 18 or ygr	First Name	M.I.	Last Name	Birth Date	Gender
Child 18 or ygr	First Name	M.I.	Last Name	Birth Date	Gender

Medical Concerns	Please list any medical concerns:				
Emergency Contact	First Name	Last Name	Phone	Relationship	

Annual Campaign: The Greensburg YMCA is a charity and not-for-profit and throughout the year we ask for donations from our members, staff, volunteers, vendors, and community. Every dollar raised goes directly towards children and families that can't afford access to our Y programming, membership, etc. Please consider us as one of your charities of choice and make an impact in our community by making a donation. Thank you for your consideration!

I will pledge \$ _____ to the Annual Campaign that assist needy children and families.



GREENSBURG YMCA MEMBERSHIP APPLICATION

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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

I/We are interested in learning more about the following , check all that apply:

Departments		Health & Wellness	
<input type="checkbox"/> Aquatics	<input type="checkbox"/> Fitness-Group Exercise	<input type="checkbox"/> Adult Sports	<input type="checkbox"/> Other
<input type="checkbox"/> Board Member	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Summer Camp	
<input type="checkbox"/> Child Care	<input type="checkbox"/> Personal Training	<input type="checkbox"/> Volunteerism	
<input type="checkbox"/> Coaching	<input type="checkbox"/> Senior Programs	<input type="checkbox"/> Youth/Family Programs	

Race	Household Income	Willing to Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> African Amer	<input type="checkbox"/> 0 - 30 K	<input type="checkbox"/> Aquatics	<input type="checkbox"/> Coaching	<input type="checkbox"/> Special
<input type="checkbox"/> Asian	<input type="checkbox"/> 30 - 50 K	<input type="checkbox"/> Child Care	<input type="checkbox"/> Committees	<input type="checkbox"/> Events
<input type="checkbox"/> Bi-Racial	<input type="checkbox"/> 50 - 75 K	<input type="checkbox"/> Clerical	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Sr Pgms
<input type="checkbox"/> Hispanic	<input type="checkbox"/> 75 - 100 K			
<input type="checkbox"/> Native Amer	<input type="checkbox"/> 100 K +			

Informed Consent: I understand that the YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive, release, absolve, indemnify, and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities from any claims or injury sustained during my use of the YMCA property.

Signature _____ **Date** _____

Code of Conduct: The Greensburg YMCA is founded on Christian principles and prohibits inappropriate behavior and conduct, as defined in our Code of Conduct. This include, but is not limited to, profanity or abusive language or attire, smoking, use of alcohol or drugs, the removal of YMCA property and criminal conduct of any type including anyone found on the Megan's Law website. Such inappropriate behavior or conduct is unacceptable and the YMCA consequently retains the right to deny membership to its applicants and to revoke a membership of any current member or participants at its sole discretion.

Signature _____ **Date** _____

OFFICE USE ONLY			DISCOUNT GROUP	
Date Enrolled: _____	Picture Taken: _____	Cr Card/EFT: _____	<input type="checkbox"/> YMCA Employee	<input type="checkbox"/> WCM
Staff Initials: _____	Memb Packet: _____	Annual: _____	<input type="checkbox"/> Insurance (Attach Documentation)	<input type="checkbox"/> Promotion (detail)
			<input type="checkbox"/> Scholarship	_____
			<input type="checkbox"/> Active Military	_____