



**Staff Use Only**

Account Number: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

## YMCA OF METROPOLITAN LOS ANGELES

### Application for Membership

The YMCA is a membership organization open to all. Everyone is welcome to apply regardless of race, religion, age, gender, sexual orientation, national origin, economic level or disability. If you can't afford the full cost of membership, financial assistance is available to the extent possible. Please ask for a confidential scholarship application. Participants needing other accommodation should contact their local YMCA. To provide an atmosphere that is safe and inclusive to all, the YMCA enforces a Code of Conduct. Membership is provided at the discretion of the Board of Directors and may be revoked.

#### MEMBERSHIP TYPE

Choose Membership Type:     Facility         CHOICE         Other \_\_\_\_\_

Choose Membership Category:     Youth         Adult         Family

Teen         Other \_\_\_\_\_

#### PRIMARY MEMBER (Parent or guardian for applicants under 18 years) Check ID

Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Gender	Ethnicity
Home Address			Apt	City	State	Zip Code
Marital Status	Home Phone		Cell/Other Phone			
Primary Email						
Employer Name		How did you hear about the YMCA?		What is the primary language spoken at home?		

#### GENERAL INFORMATION

Emergency Contact Name (Outside of household)	Relation to Primary Member	Phone Number
Have you been a YMCA Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you interested in Volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No	

#### SECONDARY ADULT Check ID

Legal First Name	M	Legal Last Name	Preferred Name	Date of Birth	Gender	Ethnicity
Marital Status			Cell/Other Phone			
Primary Email						
Employer Name			Relation to Primary Member			

#### ADDITIONAL MEMBERS AND APPLICANTS

Legal First Name	MI	Legal Last Name	Preferred Name	Date of Birth	Gender	Ethnicity


## DEMOGRAPHIC INFORMATION

The YMCA strives to serve the needs of our individual communities. The information gathered from the questions below helps us ensure our membership represents the communities in which we are located.

### 1. What is your primary reason for joining the YMCA?

- To improve personal or family health
- To participate in a specific program or activity
- Family Recreation and activities
- Youth Programs
- Teen Programs
- Other: \_\_\_\_\_

### 2. If you plan to participate in YMCA health and wellbeing programs, please check the statement that best describes your current level of exercise

**Primary Member:** \_\_\_\_\_

- I'm good at making everyday choices to be healthy and live well
- I try to make everyday choices to be healthy and live well, but struggle to do so
- Going to the Y is my first attempt to be healthy and live well
- Other: \_\_\_\_\_
- Unknown

**Second Adult:** \_\_\_\_\_

- I'm good at making everyday choices to be healthy and live well
- I try to make everyday choices to be healthy and live well, but struggle to do so
- Going to the Y is my first attempt to be healthy and live well
- Other: \_\_\_\_\_
- Unknown

### 3. What are the primary interests of your household? Please check all that apply.

- Aerobics/Group Exercise
- Child Care
- Volunteerism
- Group Cycling
- Coaching
- Fundraising
- Strength Training
- Parent-Child Programs
- Board Member
- Sports
- Senior Programs
- Aquatics
- Summer Camp
- Social Activities
- Other
- Resident Camp
- Family Recreation

### 4. Would you like to volunteer for the YMCA? Please specify your area(s) of interest.

- Aerobics/Group Exercise
- Child Care
- Volunteerism
- Group Cycling
- Coaching
- Fundraising
- Strength Training
- Parent-Child Programs
- Board Member
- Sports
- Senior Programs
- Aquatics
- Summer Camp
- Social Activities
- Other
- Resident Camp
- Family Recreation

### 5. Please check the box that represents your approximate annual household income:

- Below \$15,000
- \$15,000-\$25,500
- \$25,001-\$38,250
- \$38,251-\$59,999
- \$60,000-\$99,999
- \$100,000+

## CONDITIONS OF MEMBERSHIP

**Member Health:** The applicant(s) represents that he/she is in physically sound condition and understands that participation in aerobics and other exercise, weight training, recreational sports, and use of pools, spas, saunas, steam rooms and fitness equipment carry a potential risk of injuries or illness. The applicant further understands that the YMCA of Metropolitan Los Angeles assumes no responsibility for any such injury or illness.

**Member conduct and right to use the facility:** All applicants and dependents agree to abide by all policies and procedures of the YMCA of Metropolitan Los Angeles and its branches and understand that failure to act in accordance with these rules may result in expulsion from the YMCA and revocation of the membership.

**Criminal History:** The applicant acknowledges that it is the policy of the YMCA of Metropolitan Los Angeles to deny membership to any individual convicted of a sexual offense and that the YMCA will periodically check its membership records for criminal history.

**Property Loss:** The applicant understands that the YMCA of Metropolitan Los Angeles is not responsible for personal property lost, damaged or stolen while using YMCA facilities or participating in YMCA programs.

**Cell Phone/ Video Taping:** Due to the advances in video equipment and telephone video technology, and for the safety and security of our members and guests, any and all video equipment may not be used in locker rooms, dressing areas, shower areas, restrooms, or other areas generally deemed to be "private" within YMCA facilities. The YMCA of Metropolitan Los Angeles requests that cell phone usage be reserved for lobby or designated cell phone areas only.

**Insurance:** The applicant understands that the YMCA of Metropolitan Los Angeles does not provide any accident or health insurance for its members or participants and further understands it is the applicant's responsibility to provide such coverage.

**Other Conditions of Membership may apply, please see branch membership handbook or visit the Welcome Center for more information.**

\_\_\_\_\_  
Signature of Applicant or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Adult Applicant

\_\_\_\_\_  
Date

