

YMCA of Western North Carolina PROGRAM PARTICIPANT APPLICATION

Branch Number

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Identification Number

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Today's Month/Day/Year

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PARTICIPANT NAME				
<i>Title (Mr., Mrs., Ms., Dr.)</i>	<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>Nickname</i>

RESIDENCE				
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
<i>Home Phone</i> ()	<i>Email Address</i>			

PROGRAM / MEMBERSHIP INFORMATION	
<i>Program for which Applicant is Registering</i>	<i>T-Shirt Size (circle one)</i>
	Children's S M L Adult S M L XL
<i>Is Applicant a YMCA Member (circle one)?</i>	<i>I Would Like YMCA Staff to Contact Me Prior to the Program Start Date (circle one)</i>
Yes No	Yes No

BACKGROUND	
<i>Sex (circle one)</i>	<i>Birthdate</i>
Male Female	____ / ____ / ____
<p><i>The YMCA strives to provide memberships and programs to all who desire to participate. The following confidential questions enable us to better serve our members and the community. It is also necessary information as we apply to different funding sources for assistance. Answering these questions is voluntary, but appreciated.</i></p>	
HOUSEHOLD INCOME <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000 to \$29,999 <input type="checkbox"/> \$30,000 to \$49,999 <input type="checkbox"/> \$50,000 to \$74,999 <input type="checkbox"/> \$75,000 or more	ETHNIC/RACIAL BACKGROUND <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Other _____

INTERESTS
<i>I am interested in receiving information about the following:</i>
<input type="checkbox"/> Youth Sports <input type="checkbox"/> Fitness <input type="checkbox"/> Teen Programs <input type="checkbox"/> Aquatics <input type="checkbox"/> Child Care/Day Camp <input type="checkbox"/> Adventure Programs <input type="checkbox"/> Family Programs <input type="checkbox"/> Volunteering
<i>We rely on volunteers to help us achieve our mission. If you are interested in helping out, please list your areas of interest:</i> _____
<i>How did you hear about our YMCA?</i> <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> TV <input type="checkbox"/> Mail <input type="checkbox"/> School <input type="checkbox"/> Internet/Email <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Don't Know
<i>Are you aware that the YMCA offers financial assistance for memberships and programs?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Do you currently receive financial assistance?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

PRIMARY EMERGENCY CONTACT	
<i>Name or Legal Guardian Name (if participant is under 18)</i>	<i>Daytime Phone Number</i>
	()
<i>Evening Phone Number</i>	<i>Cell Phone / Beeper Number</i>
()	()

SECONDARY EMERGENCY CONTACT	
<i>Name</i>	<i>Daytime Phone Number</i>
	()
<i>Evening Phone Number</i>	<i>Cell Phone / Beeper Number</i>
()	()

OFFICE USE ONLY
<input type="checkbox"/> YMCA Member <input type="checkbox"/> Nonmember Staff Initials _____ <input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Cash/Money Order Amount Paid \$ _____ Financial Assistance Approval <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE FILL OUT THIS SECTION IF PARTICIPANT IS UNDER THE AGE OF 18		
<i>Age</i>	<i>Grade</i>	<i>School</i>
<i>Does the participant have any allergies, medical conditions, special needs or behavior concerns that should be considered?</i> _____		

I hereby, for myself, my family, heirs, executors, and administrators, waive and release any and all claims and damages I may have against the YMCA of Western North Carolina and their respective agents, representatives, successors, and assigns, for any and all injuries which may be suffered by me or my family in connection with participation in YMCA activities and programs. I also grant full permission to the YMCA to use any photographs or video recordings taken of me or my family. I agree to comply with YMCA policies and procedures and understand that my participation can be terminated without refund for exhibiting inappropriate behavior or abuse toward the YMCA staff and/or facilities.

Signature _____ **Date** ____ / ____ / ____
Parent or legal guardian must sign if applicant is under 18.