



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Membership Application

JACKIE ROBINSON FAMILY YMCA

Member ID Number: \_\_\_\_\_

## PRIMARY MEMBER INFORMATION

First Name		M.I.	Last Name	
Street Address				
Apt. Number or P.O. Box		City		
State		Zip		
Home Phone Number		Cell Phone Number		
Date of Birth (MM/DD/YY)				M/F
E-Mail				

## FAMILY MEMBERS (FIRST, MI, LAST)

1	Second Adult	Date of Birth	M/F
2	Child		
3	Child		
4	Child		
5	Child		
6	Child		

EMERGENCY INFORMATION	Emergency Contact Name	Relationship	Emergency Phone Number

## HOW DID YOU HEAR ABOUT OUR YMCA? (Please check the primary method)

<input type="checkbox"/>	Direct Mail	<input type="checkbox"/>	Website	<input type="checkbox"/>	Passing By	<input type="checkbox"/>	Bus Stop Signs
<input type="checkbox"/>	Guest/Day Pass	<input type="checkbox"/>	Word of Mouth	<input type="checkbox"/>	Store	<input type="checkbox"/>	School
<input type="checkbox"/>	Referred by Member	<input type="checkbox"/>	Returning Member	<input type="checkbox"/>	Billboard	<input type="checkbox"/>	Other

ETHNIC ORIGIN			PRIMARY LANGUAGE		
<input type="checkbox"/>	White/Caucasian	<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	English
<input type="checkbox"/>	Hispanic/Latino	<input type="checkbox"/>	Native American Indian	<input type="checkbox"/>	Spanish
<input type="checkbox"/>	Multicultural	<input type="checkbox"/>	Asian/Pacific Islander	<input type="checkbox"/>	Other
<input type="checkbox"/>	Decline to State	<input type="checkbox"/>	Other		

## FOR OFFICE USE ONLY:

Date: \_\_\_\_\_ Received by: \_\_\_\_\_ Membership Type: \_\_\_\_\_

FA%: \_\_\_\_\_ Monthly Dues: \_\_\_\_\_ Promotion: \_\_\_\_\_

Comments: \_\_\_\_\_



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## BANK DRAFT AUTHORIZATION

I (we) hereby authorize the YMCA of San Diego County, herein called the YMCA, to initiate debits to the BANK indicated below, herein after called BANK, to debit the amounts thereof to my account (checking or credit card account indicated below).

\_\_\_\_\_ Checking Account # \_\_\_\_\_ OR Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_  
Initials \_\_\_\_\_ **Attached Voided Blank Check**

\_\_\_\_\_ This authority is to remain in full force and effect until the Y has received written notification of cancelation and/or modification 10 days prior to  
Initials \_\_\_\_\_ draft date, or until the YMCA has sent 10 days notification to me regarding termination of this agreement.

\_\_\_\_\_ I understand that bank drafts occur on the 10<sup>th</sup> or 25<sup>th</sup> for checking account and the 15<sup>th</sup> for credit card account, and that it is my responsibility to check my monthly  
Initials \_\_\_\_\_ statement and report any corrections immediately to the Y. A \$10 service fee will be applied for all accounts returned/unpaid, closed, or payment stop.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ I understand no refunds are issued.  
Initials \_\_\_\_\_

\_\_\_\_\_ I understand I must scan my membership card at the Member Service desk each time I visit the YMCA. I also understand I must wear my membership badge at all times  
Initials \_\_\_\_\_ while at the facility. Replacement cards are \$10 if my card is lost or misplaced.

\_\_\_\_\_ I understand my YMCA membership can be placed on hold for up to three (3) months per calendar year at no charge for medical reasons or military deployment  
Initials \_\_\_\_\_ or \$10 per month for any reason such as vacation or work. After three (3) months, memberships automatically revert to the original membership status.

\_\_\_\_\_ I also understand that the YMCA does not provide accident or medical insurance. To my knowledge I am in good health and use these facilities at my own risk.  
Initials \_\_\_\_\_

\_\_\_\_\_ I have read and understand the YMCA Member Code of conduct and agree to follow these guidelines while participating at the YMCA. As the primary member, I am  
Initials \_\_\_\_\_ responsible for educating any other person(s) on the membership as to the YMCA Member Code of Conduct.

## Branch Release/Waiver for YMCA Adults

In consideration of being permitted to enter any branch of the YMCA of San Diego County (YMCA) for observation, use of facilities and/or equipment, or participation in any program I hereby:

- 1) Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended, and (iv) I voluntarily sign this document.
- 2) Release the YMCA, its directors, officers, employees, and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while I am in or near any YMCA branch.
- 3) I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to my presence in, upon or near the YMCA branch; whether caused by the negligence of the Releasees or otherwise.
- 4) I assume full responsibility for any risk of bodily injury, death or property damage due to negligence of Releasees or otherwise.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree that the balance shall continue in full legal force and effect.

1<sup>st</sup> Adult Signature \_\_\_\_\_ Date \_\_\_\_\_ 2<sup>nd</sup> Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

## Branch Release/Waiver for YMCA Youth (Minors)

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participant in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. In consideration of said minor being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above in any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby:

- 1) Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document.
- 2) Release the YMCA, it's directors, officers, employees, and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch.
- 3) Agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA's branch; whether caused by the negligence of Releasees or otherwise.
- 4) Assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.

5) I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.

6) I give my permission to the YMCA of San Diego County (YMCA) to use a picture or other likeness of any of my children, in the YMCA's general publicity and campaign materials. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_