



THE WESTFIELD AREA Y
 We build strong kids, strong families, strong communities.

MEMBERSHIP APPLICATION

OFFICE USE ONLY
METHOD OF PAYMENT

Membership type _____

Expiration Date _____

Draft Amount _____

Join date for draft: _____

Joiner's fee \$ _____

Pro-rated 1st month \$ _____

Last month \$ _____

TOTAL TAKEN TO START DRAFT \$ _____

Monthly amount: \$ _____

Verified Photo ID _____ **Staff Initials** _____

Membership is Non-Refundable
Financial Aid is Available.

INFORMED CONSENT SIGNED (see other side)
 Yes _____ No _____

VOLUNTEER

The Westfield Area Y is a volunteer-driven Organization. We can use your help in our youth sports programs, community support campaign, special events and facility projects.

Please have a staff contact me about volunteer opportunities at the "Y": Yes _____ No _____

What special skills do you have?

Coach _____ Fundraising _____

Member Services _____ Tutor/Mentor _____

Aquatics _____ Fitness _____ Other _____

Primary Member Name (Last, First) _____ Birth Date _____ Age _____ Gender _____
 _____ Male _____ Female

Address _____ (City, State, Zip) _____ Email Address _____

Under 18 years old only – (Print Mother's First & Last Name) _____ **(Print Father's First & Last Name)** _____

Home Phone _____ Cell Phone _____ Emergency Phone _____

Employer _____ Work Phone _____

Secondary Member Name (Last, MI, First) _____ Birthdate _____ Age _____ Gender _____
 _____ Male _____ Female

Home Phone _____ Cell Phone _____ Emergency Phone _____ Relationship to Member _____

() _____ () _____ () _____
 Childs Name (Last, First) _____ Birthdate _____ Age _____ Gender _____ Relationship to Member _____

_____ Male _____ Female

Childs Name (Last, First) _____ Birthdate _____ Age _____ Gender _____ Relationship to Member _____

_____ Male _____ Female

Childs Name (Last, First) _____ Birthdate _____ Age _____ Gender _____ Relationship to Member _____

_____ Male _____ Female

MARKET RESEARCH INFORMATION

The following information we are asking you to provide is voluntary with restricted access. It will help the YMCA, a non-profit charitable organization, obtain needed financial support from individuals, foundations, and the United Way.

<p>Race/Ethnic Group of Primary Member</p> <p>1. _____ Caucasian</p> <p>2. _____ Afro-American</p> <p>3. _____ Asian</p> <p>4. _____ Hispanic</p> <p>5. _____ Indian</p> <p>6. _____ Native American</p> <p>7. _____ Other</p>	<p>Annual Household Income (before taxes)</p> <p>_____ under \$15,000 _____ \$15,000-\$24,999</p> <p>_____ \$25,000-\$34,999 _____ \$35,000-\$49,999</p> <p>_____ \$50,000-\$74,999 _____ \$75,000-\$99,999</p> <p>_____ \$100,000-\$124,99 _____ \$125,000-\$149,999</p> <p>_____ over \$150,000</p>	<p>How did you hear about the "Y"</p> <p>_____ member of the "Y"</p> <p>_____ a friend/neighbor</p> <p>_____ family</p> <p>_____ past "Y" experience</p> <p>_____ brochure</p> <p>_____ newspaper article</p> <p>_____ other</p> <p>_____ tour</p>
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(PLEASE SIGN BACK OF APPLICATION)

Informed Consent and Release For Facility Use

I desire to engage in The Westfield Area Y exercise programs and in the use of all the equipment designed for exercising in order to attempt to improve my physical fitness. I understand that the activities that I am about to engage in are designed to place a gradually increasing workload on both my muscular and cardiovascular systems. The reaction of my muscular or cardiovascular systems to such activities cannot be predicted. I understand that there is a risk of certain undesirable changes that might occur during or following such exercise. These changes might include abnormalities of blood pressure, heart rate, sprains, strains, or worse.

I understand that I should consult with a physician before beginning any exercise programs or the use of any of the exercise equipment or exercise facilities at The Westfield Area Y. I understand that if I am taking medication, I should also check with my physician to learn how it may effect my ability to exercise safely. I know that I am responsible for monitoring my own physical condition throughout any exercise programs and that if I experience any unusual symptoms or physical conditions while exercising, I will immediately cease my participation in that form of exercise, and inform my instructor and my doctor of the unusual symptoms that I had experienced. In the event that a medical clearance form must be obtained prior to my participation in any exercise program or prior to my use of any exercise equipment or facilities, I agree to consult with my doctor and obtain such a medical clearance form prior to beginning exercise.

I acknowledge that I have read and that I understand this form to its entirety. I also understand the nature of the exercise programs, equipment, and facilities offered at The Westfield Area Y. I understand that I am solely responsible for any and all injuries, disabilities or death that I may sustain as a result of engaging in exercise at The Westfield Area Y, irrespective of any consultation provided by The Westfield Area Y employees.

In consideration for being allowed to participate in The Westfield Area Y exercise programs and to utilize the weights, machinery, exercise equipment, apparatus or exercise facilities at The Westfield Area Y, I agree to assume the risk that accompanies exercise. I further agree that The Westfield Area Y and its agents shall not be liable to me for any claims, suits, losses or related causes of action for damages, including but not limited to such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from my participation in exercise programs or from my use of any weights, machinery, exercise equipment, apparatus or exercise facilities at The Westfield Area Y. Finally, I agree to hold The Westfield Area Y and its agents harmless from any and all claims which may be brought against them by me or on my behalf for any injuries or death resulting from my participation at The Westfield Area Y.

CODE OF CONDUCT

At the Westfield Area Y, we expect staff, members and guests to behave in accordance with our mission and values at all times, respecting the rights and dignity of others.

At the Westfield Area Y, we demonstrate our 4-core values of Caring, Honesty, Respect and Responsibility by:

- Speaking in respectful tones; refraining from the use of vulgar or derogatory language; and dressing appropriately.
- Resolving conflicts in a respectful honest and caring manner; never resorting to physical contact or threatening gestures.
- Respecting others by refraining from intimate behavior in public; abstaining from contact of a sexual nature.
- Respecting the property of others; never engaging in theft or destruction.
- Creating a safe, caring environment; never carrying illegal firearms or devices.
- Participating in programs to build a healthy spirit, mind and body; never engaging in the use, sale, dispensing or possession of illegal drugs or narcotics, or the use of alcohol on Westfield Area Y premises.

Adherence to the Westfield Area Y Code of Conduct and regulations is essential.

Non-compliance may result in suspension or termination of Westfield Area Y membership privileges.

In signing this application, I give permission to the Westfield Area Y to use any photographs taken of me or my family for publicity purposes.

By signing this application, I acknowledge that I have read the Informed Consent and Release for facility use. The Westfield Area Y reserves the right to terminate my membership if it determines that I have engaged in conduct which violates the Westfield Area Y's "Code of Conduct" or is otherwise illegal or immoral.

Primary Member's Signature

Please Print Name

Date

Secondary Member's Signature

Please Print Name

Date

Child (18 & over) Signature

Please Print Name

Date

Child (18 & over) Signature

Please Print Name

Date

Print Minor Child' Name (under 18)

Parent's Signature

Date

Print Minor Child' Name (under 18)

Parent's Signature

Date