



Application - Greater Peoria Family YMCA

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

Primary Member Name: _____ Today's Date: _____
LAST FIRST MI

Mailing Address: _____ Gender: _____

City: _____ State: _____ Zip: _____ Home Phone: () _____

Birthdate: ____/____/____ Business Phone: () _____ Employer: _____

Primary Member E-mail address: _____

Emergency Contact Name: _____ Emergency Contact Phone: () _____

If Primary Applicant is Under 18 years of age:

Mother's Name: _____ Mother's Business/Primary Phone: () _____

Father's Name: _____ Father's Business/Primary Phone: () _____

Membership Type: Family Single Parent Family Adult College Youth Young Adult Senior Senior Couple Special _____

For FAMILY MEMBERSHIPS: Please fill out this portion of the application for all members, except the primary member, on this membership. Please Print!

	First Name	MI	Last Name	Gender	Employer/School	Date of Birth	Relationship to Primary Member
02							
03							
04							
05							
06							
07							
08							
09							

How did you hear about the YMCA? Newspaper TV Radio Mail Driving by Phone Book Member: _____
 Other: _____

Are you interested in receiving email updates about YMCA Programs? Yes No If yes, what would you be interested in hearing about? (classes, youth programs, swimming, etc...) _____

Are you interested in volunteer opportunities at the YMCA? No Yes If yes, what areas? (youth coach, maintenance, office, special events, Etc...) _____

Please complete the following optional information regarding income and ethnicity. The information is essential for the YMCA's use in obtaining outside funding. This information is kept strictly confidential. Thank you!

Ethnicity: Asian African American Caucasian Hispanic Mixed Ethnicity Native American Other _____
Gross Annual Household Income Less than \$30K \$30,001-\$40K \$40,001-\$50K \$50,001-\$60K \$60,001-\$70K More than \$70K

CREED: I hereby apply to join the Great Peoria Family YMCA. I agree to foster the YMCA Character Development Values of CARING, HONESTY, RESPECT AND RESPONSIBILITY and to model them in my behavior and to observe the YMCA Code of Conduct while I am at the YMCA or involved in YMCA-sponsored activities.

WAIVER: In consideration of the YMCA accepting this application, I, for myself, my heirs, executors, administrators and/or for the minor(s) for whom I am signing, release and forever discharge the Greater Peoria Family YMCA and its officers, employees, directors, agents, servants and all persons connected with the YMCA, of and from any and all rights, claims, demands and actions of any and every nature whatsoever, for any and all loss, damage, injuries sustained by me or my property, or by the minor(s) for whom I am signing or his/her property at any time. I declare, for myself and the minor(s), that I/he/she/we am/are/is physically sound and medically approved to participate in the activities of the YMCA.

_____ I understand that I am to give the YMCA thirty (30) days written notice to terminate my membership and that no refunds will be issued for any portion of my cancelled membership. (please initial)

_____ I understand that if I cancel my membership and apply again I will have to pay the applicable Joiner's Fee. If I reapply within a 12 month period of my cancellation, I will be required to pay for the entire year in full plus the joiner's fee applicable to my membership type OR for a seasonal membership if applicable (available only May-September). This does not apply to Youth, Young Adult or College Memberships. (please initial)

Applicant/Parent/Guardian Signature: _____ Date: _____