

Application for YMCA of the Coastal Bend

YMCA: _____ Join Date: _____ Full Pay Bank draft Other: _____

Type of Membership: Family Adult Individual Youth Senior Other: _____

Birth Date _____

(02) Spouse First Name _____ MI _____ Last _____ M F

Birth Date _____

Address _____

City _____ State _____ Zip Code _____ - _____

Home Phone _____ E-mail Address _____

Your Occupation _____ Employer _____

Spouse Occupation _____ Employer _____

Emergency Contact #1 _____ Relationship _____ Phone _____

Emergency Contact #2 _____ Relationship _____ Phone _____

Family Membership Information (List Last Name if Different)

#	Dependent/Children's Names	M/F	Birth Date	Relationship	School	Grade
03						
04						
05						
06						
07						
08						

To help us serve you better, please fill out the following information. This information is kept confidential.

Income Level of Household: Under \$30,000 \$30,001 to \$50,000 \$50,001 to \$70,000

Ethnicity: Asian African-American Hispanic Latino Caucasian Other: _____

How did you hear about the Y? Newspaper TV Radio YMCA Brochure Member

Other: _____

What are you looking to do most at the Y?

MEMBERSHIP, TRANSPORTATION, PROGRAM PARTICIPATION, PHOTO AND INFORMATION RELEASE FORM

Parent or guardian: This form must be completed entirely as a necessary prerequisite for participation in transportation services.

The YMCA of the Coastal Bend (referred to as the "Association") is funded by public support and operated by the YMCA. The participant listed is participating in a YMCA program operated by the Association. The participant listed is requesting transportation to and from programs and to participate in YMCA program and activities. Transportation may be provided by a private provider, a YMCA owned and operated vehicle and/or public transportation systems in the area. We the undersigned parent(s) and/or guardian(s) of:

Name of participant: First, Middle and Last	Age	Birth Date	
Address,	City,	State,	Zip Code

I understand and authorize the Association, to allow my child to participate and to transport my child to and from activities offered by the Association. The signing of this permission slip releases and indemnifies the "Association" and it's agents and/or employees from all liabilities, damages and any claims made by the child or on behalf of the child, including medical expenses incurred, should serious injury, loss of property, damages or death occur as a result of his/her participation in the participation and transportation in any program. We fully understand the nature of child care, sports, recreation and transportation services and the risk of serious injury, loss of property, damages or death associated with these services.

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the "Association", its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA Association premises or in any way observing or using any facilities or equipment of the Association or participating in any program affiliated with the Association whether caused by the negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA Association and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Association.

4. THE UNDERSIGNED HEREBY PERMITS THE YMCA, KRIS, KIII, KZTV, KORO, the Caller Times, the Corpus Christi Daily and other media outlets o make and use photographic likeness of myself, in a still or video commercial, to be exhibited by television broadcasting/and/or the internet at the said media stations. The material will be used for news and/or YMCA purposes. It will also be utilized in YMCA print materials, and any forms of media release, and or video produced to help the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE (Parent and/or Guardian #1)

_____	_____
Printed Name (First, Middle, Last, Suffix (Jr./Sr./II/III))	Phone Number
_____	_____
Date of Birth	Social Security Number OR Driver's License #
_____	_____
Date of Signature	Other names used (Maiden/Previous Married/Alias/Nicknames)
_____ Signature of parent or guardian	

I HAVE READ THIS RELEASE (Parent and/or Guardian #2)

_____	_____
Printed Name (First, Middle, Last, Suffix (Jr./Sr./II/III))	Phone Number
_____	_____
Date of Birth	Social Security Number OR Driver's License #
_____	_____
Date of Signature	Other names used (Maiden/Previous Married/Alias/Nicknames)
_____ Signature of parent or guardian	

YMCA of the Coastal Bend Health Questionnaire

Each individual applying for membership (18 years and over) must complete the following questions prior to beginning an exercise program here at the YMCA of the Coastal Bend.

- Yes No 1. Has your doctor ever said that you have a heart condition and the you should only do physical activity recommended by a doctor?
- Yes No 2. (if applicable) Has your doctor ever said that your child/children have a heart condition and the you should only do physical activity recommended by a doctor?
- Yes No 3. Do you feel pain in your chest when you do physical activity?
- Yes No 4. In the past month, have you had chest pain when you were not doing any physical activity?
- Yes No 5. Do you lose your balance because of dizziness or do you ever lose consciousness?
- Yes No 6. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by change in your physical activity?
- Yes No 7. Is your doctor currently prescribing drugs (for example water pills) for your blood pressure or heart condition?
- Yes No 8. Do you know of any other reason why you should not do physical activity?

If you answered YES to any questions above, the YMCA suggests that you consult with your physician before beginning physical activity.

If you answered NO to the questions above, you may begin physical activity; however the YMCA of the Coastal Bend recommends that you discuss your desire to start physical activity with your Doctor prior to starting you program.