



FOR OFFICE USE ONLY	
ID #:	MEMBERSHIP CATEGORY: <input type="checkbox"/> Full <input type="checkbox"/> Basic <input type="checkbox"/> Limited
PGM:	EXP. DATE:
INCOME LETTER:	
MBR SVCS INITIALS:	INPUT DATE:

Mission Statement

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

REGISTRATION AND MEMBERSHIP APPLICATION

PRIMARY MEMBER (Parent or Guardian for applicants under 18 years)				
Prefix:	First:	Initial:	Last:	Would you be interested in volunteering? [] YES
Billing Address:			Apt. #:	ETHNICITY/RACE: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native Indian/Alaskan & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Native Indian/Alaskan & Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Hispanic & White <input type="checkbox"/> Hispanic & Black <input type="checkbox"/> Hispanic & Asian <input type="checkbox"/> Hispanic & Native Indian/Alaskan <input type="checkbox"/> Hispanic & Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic & Native Indian/Alaskan & White <input type="checkbox"/> Hispanic/Asian & White <input type="checkbox"/> Hispanic/African American & White <input type="checkbox"/> Hispanic/Indian/Alaskan & Black/African American
ZIP Code:	State:	City:		
Home Phone:	Business Phone:	Cell Phone:		
Name of Employer:				
Occupation:				
Date of Birth: ____/____/____	Gender: [] MALE [] FEMALE			
Email:				

EMERGENCY CONTACT		
Name:	Phone:	Cell:

FAMILY MEMBER INFORMATION				
<u>2ND ADULT ONLY</u>				
First Name:	Initial:	Last Name:	Date of Birth: ____/____/____	Gender: [] MALE [] FEMALE
Employer:	Occupation:	Cell Phone:	Business Phone:	
<u>CHILDREN – DEPENDENTS AND APPLICANTS UNDER 18 YEARS OF AGE</u>				
First Name:	Initial:	Last Name:	Date of Birth: ____/____/____	Gender: [] MALE [] FEMALE
First Name:	Initial:	Last Name:	Date of Birth: ____/____/____	Gender: [] MALE [] FEMALE
First Name:	Initial:	Last Name:	Date of Birth: ____/____/____	Gender: [] MALE [] FEMALE
First Name:	Initial:	Last Name:	Date of Birth: ____/____/____	Gender: [] MALE [] FEMALE
How many persons are in your household?		Who claims head of household on your taxes? [] MALE [] FEMALE		

PLEASE TURN OVER TO SIGN LIABILITY

CIRCLE YOUR COMBINED GROSS ANNUAL INCOME (*County of Riverside – 2008*).

The following information will remain confidential and is necessary to fulfill YMCA grant requirements.

NUMBER OF PERSONS IN YOUR HOUSEHOLD:							
1	2	3	4	5	6	7	8
\$0 – 14,000	\$0 – \$16,000	\$0 – \$18,000	\$0 – \$20,000	\$0- \$21,600	\$0- \$23,200	\$0- \$24,800	\$0 – \$26,400
\$14,001 – \$23,300	\$16,001 – \$26,650	\$18,001 – \$29,950	\$20,001 – \$33,300	\$21,601 – \$35,950	\$23,201 – \$38,650	\$24,801 – \$41,300	\$26,401 – \$43,950
\$23,301 – \$37,300	\$26,651 – \$42,650	\$29,951 – 47,950	\$33,301 – \$53,500	\$35,951 – \$57,550	\$38,651 – \$61,850	\$41,301 – \$66,100	\$43,951 – \$70,350
\$37,301- \$52,100	\$42,651- \$59,500	\$47,951 – \$67,000	\$53,501- \$74,400	\$57,551 \$80,400	\$61,851 \$86,300	\$66,101 \$92,300	\$70,351 \$98,200
Over \$52,101	Over \$59,501	Over \$67,001	Over \$74,401	Over \$80,401	Over \$86,301	Over \$92,301	Over \$98,201

RELEASE and WAIVER of LIABILITY AGREEMENT
MEMBER/CHILDREN/GUEST

IN CONSIDERATION of being permitted to utilize the facilities, services, programs and activities of the YMCA and/or for my children to so participate for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further acknowledged that such entry into the YMCA for observation, use of any facilities, equipment or participation in any affiliated program constitutes an acceptance that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

I (We) do hereby assume full responsibility for any and all damages, injuries, or losses that I (We) may sustain or incur, if any, while attending or participating in any YMCA facilities, services, programs, activities or off-site affiliated program including exercise. I hereby waive all claims against the Family YMCA of the Desert, its instructors, employees or partners of said program, individually or otherwise, for any and all claims for injuries or damages I (We) might sustain. I (We) understand that there is a risk of injury associated with participation in any YMCA program and I (We) certify that I (We) am in good physical condition and in condition to participate. I (We) certify that all of the information provided on this application is correct and true.

CONDITIONS OF MEMBERSHIP & ACTIVITY PARTICIPATION

MEMBER CONDUCT AND RIGHT TO USE FACILITY: The applicant agrees to abide by all rules and regulation of the Family YMCA of the Desert and its operating units and understands that failure to act in accordance with the rules may result in expulsion from the YMCA and cancellation of membership.

PROPERTY LOSS: The applicant(s) understands the YMCA is not responsible for personal property lost, damage or stolen while using YMCA facilities or participating in YMCA programs.

INSURANCE: The applicant(s) understands that the YMCA does not provide any accident or health insurance for its members or participants and further understand it is the applicant's responsibility to provide such coverage.

PHOTO RELEASE: I understand that any pictures taken of myself and/or my family may be used for publicity purposes.

ACCEPTANCE/RELEASE: I (We) acknowledge the conditions of membership state above, for myself and on behalf of the minor applicants listed, if any. I (We) understand that even when reasonable precaution is taken, accidents involving participants can still happen. Therefore, I (We) hereby release the Family YMCA of the Desert, its agents, and employees from any and all claims for injury, illness, death, loss or damage which may result as a member in any YMCA program activity, service or facility.

Signature of Applicant

Date

Print Name of Parent/Guardian of applicants under 18

Date