



DATE: _____ UNIT ID: _____

WELCOME TO THE GRANITE YMCA MEMBERSHIP APPLICATION

- YMCA of Downtown Manchester
 YMCA Allard Center of Goffstown
 YMCA of Concord
 YMCA of Greater Londonderry
 YMCA of the Seacoast
 YMCA of Strafford County

ID TYPE: SCHOOL DRIVER'S LICENSE PASSPORT OTHER _____

PRIMARY ADULT (CONTACT FOR THIS MEMBERSHIP)

NAME _____ DATE OF BIRTH ____/____/____ MALE FEMALE

HOME PHONE _____ CELL PHONE _____ OTHER

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____ EMPLOYER _____

DEMOGRAPHIC DATA: information is used for demographic purposes and grant applications (choose all that apply).

- | | | |
|---|--|---|
| <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE | <input type="checkbox"/> ASIAN | <input type="checkbox"/> BLACK/AFRICAN-AMERICAN |
| <input type="checkbox"/> HISPANIC/LATINO | <input type="checkbox"/> CAUCASIAN | <input type="checkbox"/> TWO OR MORE RACE/ETHNICITY |
| <input type="checkbox"/> MIDDLE EASTERN OR NORTHERN AFRICAN | <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | <input type="checkbox"/> UNKNOWN |

TYPE OF MEMBERSHIP PREFERRED

- | | | |
|---|---|--|
| <input type="checkbox"/> YOUTH (18 MONTHS-12 YEARS) | <input type="checkbox"/> 2 ADULT COUPLE | <input type="checkbox"/> SENIOR (62+) |
| <input type="checkbox"/> TEEN (13-18) | <input type="checkbox"/> 1 ADULT FAMILY | <input type="checkbox"/> SENIOR COUPLE (62+) |
| <input type="checkbox"/> YOUNG ADULT (19-29) | <input type="checkbox"/> 2 ADULT FAMILY | |
| <input type="checkbox"/> ADULT (30+) | <input type="checkbox"/> FAMILY PLUS | |

YOUTH & HOUSEHOLD MEMBERS TO BE INCLUDED ON THIS MEMBERSHIP

FIRST NAME	LAST NAME	ADULT	YOUTH	BIRTHDATE	GENDER
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> OTHER
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> OTHER
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> OTHER
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> OTHER
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> OTHER
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> OTHER

EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____ PHONE (____) _____

GET INVOLVED

The Granite YMCA is a place where everyone is welcome regardless of age, race, religion, or financial circumstances. From career readiness to safe spaces, the Y is giving families, adults, and kids the support they need to thrive. You can help.

YES NO **I AM INTERESTED IN LEARNING HOW I CAN GET INVOLVED WITH VOLUNTEER OPPORTUNITIES.**

HOW DID YOU HEAR ABOUT US? Flyer Local Ad Newspaper Radio Social Media Internet
 Other _____ Member Referral _____

CHECK INTERESTS:

General Wellness

Group Fitness Classes
 Cardio/Strength Equip
 Water Exercise Classes
 Group Training
 Personal Training
 Weight Loss
 Increase Energy/Feel Better

Program

Aquatics/Swimming Lessons
 Sports/Leagues
 Tennis
 Gymnastics/Dance
 Climbing Gym/Adventure

Specialty

Family Programs
 Camp/Child Care
 Chronic Disease Prevention
 Food/Nutrition Counseling
 Other: _____

CURRENT LEVEL OF ACTIVITY:

Non-exerciser starting for the first time Currently exercising at least 3 or more x/week
 Occasional exerciser Joining for reasons other than exercising
 Currently exercising at least 1-2x/week

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

- In the event that a medical clearance must be obtained prior to the undersigned's participation at the Y, he/she agrees to consult with their physician and obtain written permission from him or her prior to commencing any Y program. Also, in consideration for being allowed to utilize the facilities and programs for any purpose, the undersigned agrees to assume the risk for such participation, and further agrees to hold harmless the Y and its staff members from any and all claims, suits, losses, or related causes of action for damages, including but not limited to such claims that may result from illness, including exposure to and infection with viruses or bacteria, injury, or death, accidental or otherwise, during or arising in any way from a Y facility membership or program.
- By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.
- The undersigned further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Hampshire and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
- All Y promotional materials use photographs taken during actual programs. If I wish that my or my child's photo not be taken or used, I must give a written request to the program director.
- Membership is subject to forfeiture for violation of association rules and regulations.

ADDITIONAL AGREEMENTS (PLEASE INITIAL):

_____ I understand that if I wish to terminate, freeze (a \$10 fee will be applied for each month I have my membership on hold) or change my membership in any way, I must inform the YMCA, in writing, 30-days prior to my scheduled deduction.

_____ I have received a Membership Overview which includes our code of conduct and will review all membership information with other household individuals under this membership. Refer to our website (www.graniteymca.org) for complete membership handbook.

_____ I understand the YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

_____ I wish to opt in to receive text alerts to keep me informed with facility and program updates that may affect my visit to the Y. Standard message and data rates may apply. I understand I may opt-out of these communications at any time.

MEMBERSHIP FOR ALL MEMBERS ONLY:

_____ I understand that my membership rate will default to the full standard rate if I do not submit my previous year's tax return within 30 days of joining the YMCA.

Signature _____ Date _____

OFFICE USE ONLY

TOUR GIVEN YES NO (Why?) _____ TOUR GUIDE: _____
 STAFF NAME: _____ SEX OFFENDER REGISTRY