



MEMBERSHIP APPLICATION



MEMBERSHIP TYPE - CIRCLE ONE						College
Adult	Youth (5-12)	Teen (13-18)	Family	Senior	Student	
\$528	\$180	\$240	\$936	\$396	\$300	

Salutation: Dr ___ Mr. ___ Mrs. ___ Ms. ___ Miss ___ No Preference ___

Name: _____ Birth date: _____ Gender: _____

Additional Family Members to be included on membership: (Family consists of parents and dependants)

_____ Relation: _____ Birth date: _____ Gender: _____

_____ Relation: _____ Birth date: _____ Gender: _____

_____ Relation: _____ Birth date: _____ Gender: _____

_____ Relation: _____ Birth date: _____ Gender: _____

Address: _____ Home Phone: _____

City: _____ Zip Code: _____ Email: _____

Cell Phone: _____

Emergency Contact: _____ Phone: W _____ C _____

Relationship to Member: _____

How did you hear about the YWCA? _____

Optional Information for Statistical Purposes Only:						
Ethnicity:	Asian	African American	Hispanic	Native American	White	Other

By signing this form, I (we) agree to follow the rules and policies of the YWCA. I authorize the YWCA to obtain medical care in the event of an injury or accident if a family member is unavailable to give permission. I understand that YWCA memberships are non-transferable. My signature confirms the following waiver: The YWCA is not responsible for any injury or loss of property suffered while participating in YWCA activities, using YWCA equipment, or on YWCA premises, for any reason whatsoever, including ordinary negligence on the part of the YWCA, its board, employees, instructors, or agents. In consideration of my family's and my ability to use the YWCA for fitness activities, I hereby release and covenant not to sue the center, its board, employees, instructors, or agents, from any and all present and future claims resulting from my participation in YWCA activities both present and future, that may be made by me, my family, estate, heirs, or assigns. I represent that I am in good health. I am aware that health and fitness activities may range from vigorous cardiovascular activity to the exertion of strength training and that these, and other activities at the YWCA involve certain risks, including but not limited to death, disability, serious neck and spinal injuries resulting in complete paralysis, heart attacks, and injury to bones, joints or muscles. My family and I are voluntarily participating in YWCA activities with full knowledge of the inherent risks of property damage, personal injury or death. I understand that the YWCA encourages me to consult a physician before beginning any exercise program. I understand this waiver to be as broad and inclusive as the laws of the State of North Carolina will permit and affirm that I am of legal age to and am freely signing this waiver. I have read this waiver and fully understand the terms of this waiver. I agree to comply with the rules and regulations of the YWCA of Winston-Salem.

_____ Signature

_____ Date

_____ (if under 18 Signature of Parent/Guardian)

_____ Date

FOR OFFICE USE ONLY

Membership Type _____ Amt. Paid _____ Received By _____ Date _____