



MEMBERSHIP APPLICATION

Date: _____

Please Print

Name _____
First Middle Initial Last

Address _____
Street City State Zip

Phone _____
Home Work Emergency Fax

E-Mail _____ Birthdate _____ Gender F M

Student Yes No Employer _____ Occupation _____

Type Membership Purchasing

Land Water Wellness CpLand CpWater CpWellness SrLand SrWater SrWellness Other

Parent/Guardian Information

Name _____
First Middle Initial Last

Address _____
Street City State Zip

Phone _____
Home Work Emergency Fax

E-Mail _____

Personal Aide Information

Name _____
First Middle Initial Last

Address _____
Street City State Zip

Phone _____
Home Work Emergency Fax

The following *optional* member information is requested for the YWCA's **statistical purposes only**. Not completing this section has no bearing on the processing of your membership application.

Ethnicity

- Caucasian
- African-American
- Hispanic
- Asian
- Other

Annual Income

- unemployed
- less than \$5,000
- less than \$10,000
- less than \$15,000
- less than \$25,000
- less than \$35,000
- less than \$45,000
- less than \$60,000
- greater than \$75,000

THE MISSION OF THE YWCA

The Young Women's Christian Association of the United States of America is a women's membership movement nourished by its roots in the Christian faith and sustained by its many roots and values. Strengthened by diversity, the Association draws together members who strive to create opportunities for women's growth, leadership and power in order to attain a common vision: peace, justice, freedom and dignity for all people. The Association will thrust its collective power towards the elimination of racism wherever it exists and by any means necessary.

YWCA MEMBER POLICIES All participants in any of the health and fitness programs of the YWCA acknowledge and consent that these programs involve strenuous activities. **BEFORE STARTING ANY EXERCISE PROGRAM, PLEASE CONSULT WITH YOUR PHYSICIAN.**

1. Children under the age of 16 are **NOT ALLOWED** in the Fitness area.
2. Medical extensions of memberships are limited to 90 days during a calendar year. Extensions are based on a signed physician's letter, which should include dates of the injury or illness. Please attempt to notify us before your membership expires.
3. Participants are encouraged to follow with care the instructors' recommendations for class participation and equipment use.
4. This is a non-smoking facility.
5. Personal aides must take responsibility for their clients' health and safety by attending them at all times during their use of the YWCA. **PLEASE NOTE:** Membership is granted to the client. The personal aide must purchase his or her own membership to use the equipment and YWCA facilities.
6. All valuables should be locked securely in a locker. However, the YWCA cannot be responsible for valuables even if they are locked in a locker. **IMPORTANT:** Unless you rent a locker, remove your lock daily as you leave. Unrented lockers will have locks removed after 24 hours.
7. **CODE OF CONDUCT:** Everyone using the YWCA is expected to conduct him or herself in a mature, responsible and respectful manner. The YWCA must insist that all individuals using this facility demonstrate a respectful demeanor to all YWCA staff, members and other individuals using the facility. Abusive, insulting and/or obscene behavior **WILL NOT BE TOLERATED** at the YWCA. Any inappropriate language or an inappropriate sexual activity may result, at the sole discretion of the YWCA, in suspension or termination of membership.
8. The YWCA reserves the right to suspend or revoke memberships for violation of these or other YWCA policies.

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.

Your signature below indicates that you have read and accepted these rules.

Signature

Date