



Membership Application Form

Name	
First Name	Last Name

Membership Category	
<input type="checkbox"/> Family	<input type="checkbox"/> Membership Plus
<input type="checkbox"/> Family 1 Plus	<input type="checkbox"/> Adult
<input type="checkbox"/> Family 2 Plus	<input type="checkbox"/> Young Adult
<input type="checkbox"/> Family 1 Month	<input type="checkbox"/> Post Secondary
	<input type="checkbox"/> Teen
	<input type="checkbox"/> Youth
	<input type="checkbox"/> Preschool

Residence Address	
Street	
City	Postal Code

Telephone Numbers		
Home	Business	Cell

Birthdate	Gender
Day/Month/Year / /	Circle One Male Female

Email Address	
Home	Business

Employer	
Company Name	Title
Street	
City	Postal Code

Spouse Employer	
Company Name	Title
Street	
City	Postal Code

Family Information					
Name (include last name if different)	Gender	Birthdate (Day/Month/Year)	Relationship	Employer/School	Membership Category
1.		/ /			
2.		/ /			
3.		/ /			
4.		/ /			
5.		/ /			

Emergency Contact Information		
Name	Relationship	Phone Number ()

How did you hear about the YMCA? (check all that apply)
<input type="checkbox"/> Newspaper <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Brochure <input type="checkbox"/> YMCA Member <input type="checkbox"/> YMCA Staff <input type="checkbox"/> Friend <input type="checkbox"/> Other (please specify)

Do you belong to a YMCA group?
<input type="checkbox"/> Celero <input type="checkbox"/> CUETS <input type="checkbox"/> FHQ <input type="checkbox"/> Hotel Saskatchewan <input type="checkbox"/> London Drugs <input type="checkbox"/> YMCA Fitness Instructor <input type="checkbox"/> FPSYIP <input type="checkbox"/> Street Culture Kids <input type="checkbox"/> Tomorrow's Y Leaders <input type="checkbox"/> YMCA Staff <input type="checkbox"/> YMCA Staff – Family <input type="checkbox"/> Other (please specify)

Office Use Only				
Membership Representative Initials				
Date Entered				
Plan Type (circle one)	1 Year	PAC	Sponsor	Other
Membership Audit Initials				
Date Audited				

Did a current member recruit you?

No Yes
 If yes, then who? _____

Did you know? – If you recruit a new member you can earn yourself free massage(s)? Ask us for details.

YMCA Strong Kids Annual Support Campaign

A Little Bit can Make a Big Difference

Becoming a member of the YMCA means more than you may know. The YMCA is a charity. Every year, members like you donate to the YMCA Strong Kids Campaign to ensure that every child, adult and family in your community has access to quality childcare, summer camps and the opportunity for a healthy lifestyle regardless of their financial ability. Many members make their gift by rounding up their monthly membership by just \$5, \$10 or \$15 a month to support children and families in need. Now is your chance to put your membership to work with a simple monthly donation. **Your generous gift of only \$5 per month will help send a child to 3 days of summer camp!**



- Yes! I want to help by donating \$ _____ as a one-time payment.
- Yes! I want to help by donating monthly the following amount through my membership fees. \$ _____

By signing below, I give the YMCA of Regina permission to add to my monthly membership fees the amount indicated above.

_____ Signature _____ Date

CONDITIONS OF MEMBERSHIP

INITIALS

All members are required to present a valid membership card for identification when using YMCA facilities and/or participating in programs. If for any reason members are unable to present membership cards, they may be required to present photo identification. Membership cards are not transferable; remain the property of the YMCA; and must be returned to the YMCA upon request.

Terms and conditions of membership in the YMCA of Regina are defined in the Membership Information Guide and are subject to change. Monthly memberships continue indefinitely unless members provide written notice of cancellation, or the YMCA terminates the membership. Annual memberships must be renewed.

I understand that I will be automatically transferred into a new membership category on my birthday if I am eligible, in which event dues may increase or decrease. In the event of any other qualifying event that changes the category of membership for which I am eligible, I agree to notify the YMCA on or before the first day of the month following the month in which such event occurs.

LIABILITY WAIVER

INITIALS

I understand that the YMCA of Regina assumes no responsibility for injuries or illnesses which I, my spouse/partner, or my minor children or any other person may sustain as a result of my/their physical condition, this membership, my/their use of any facility or my/their participation in any activities, programs, exercise, or the use of any equipment (collectively, "Activities"). I expressly acknowledge on behalf of myself, my spouse/partner, my minor children and our heirs that I assume the risk for any and all injuries, illnesses, death, loss or damage which may result from any of the foregoing. I hereby release and discharge the YMCA of Regina, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which I, my spouse/partner, or minor children may suffer as a result of my/their physical condition, this membership, the use of any facility or participation in any Activities. In the event I, my spouse/partner or minor children bring any guest to any YMCA of Regina facility or Activity, I also agree to be responsible for ensuring that such guests adhere to the rules and policies of the YMCA and to inform them that they assume all liability for injuries, illness, death, loss or damage which may result from participation in any activities, programs, exercise or the use of any equipment.

I understand that the YMCA of Regina is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or are on YMCA premises.

I give my permission to the YMCA of Regina to use indefinitely, without limitation or obligation, photographs, film, footage, or tape recordings which may include my, my spouse's or minor children's image or voice for purposes of promoting or interpreting YMCA programs.

ACCEPTANCE

I acknowledge the CONDITIONS OF MEMBERSHIP and LIABILITY WAIVER set forth above and in the Member Information Guide and, being in agreement with the Mission and Goals of the YMCA, hereby apply for membership.

SIGNATURE OF MEMBER

DATE

SIGNATURE OF PARENT OR GUARDIAN (if member under the age of 18)

DATE