



MEMBERSHIP APPLICATION

Last Name

First Name

CONTACT INFORMATION

Your Name _____
Address Street _____ Apt _____
City _____ State _____ Zip _____
Preferred Telephone _____ Alternate Telephone _____
Email Address _____
Emergency Contact _____
Relationship _____ Telephone _____ Email address _____

BACKGROUND The following information is for statistical purposes only.

Ethnic/Racial Background

- ☐ Black or African American ☐ Asian Pacific Islander ☐ American Indian or Alaska Native
☐ Hispanic or Latino ☐ White ☐ Other _____

Annual Household Income \$ _____

FAMILY MEMBERS Include your name on line 1.

Name (Last, if Different)	Birth Date	Gender	Employer (if applicable)
1.		<input type="checkbox"/> M <input type="checkbox"/> F	
2.		<input type="checkbox"/> M <input type="checkbox"/> F	
3.		<input type="checkbox"/> M <input type="checkbox"/> F	
4.		<input type="checkbox"/> M <input type="checkbox"/> F	
5.		<input type="checkbox"/> M <input type="checkbox"/> F	
6.		<input type="checkbox"/> M <input type="checkbox"/> F	
7.		<input type="checkbox"/> M <input type="checkbox"/> F	
8.		<input type="checkbox"/> M <input type="checkbox"/> F	

MEMBERSHIP TYPE

Please select one of the following:

- Membership
☐ Adult ☐ Youth ☐ Program Member
☐ Senior ☐ Teen
☐ Family I ☐ Student
☐ Family II

How did you hear about the Y?

- ☐ Member Referral (Name) _____
☐ Postcard ☐ Silver Sneakers™
☐ Subway Ad ☐ YMCA Web Site
☐ Bus Ad ☐ Other Web Site
☐ Walked By ☐ Email
☐ Employer Discount ☐ TV Ad
☐ Guest Pass ☐ Radio Ad
☐ Newspaper Ad

PAR-Q

I have received the Physical Activity Readiness Questionnaire (PAR-Q) Form.

Signature _____

Date ____ | ____ | ____

New York City's YMCA | **WE'RE HERE FOR GOOD.**™

The YMCA of Greater New York is a community service organization which promotes positive values through programs that build spirit, mind and body, welcoming all people, with a focus on youth.

For Office Use Only

Staff Name _____

Membership Number

__|__|__ - __|__|__|__|__|__|__|__ - __|__

(over)

PHOTO RELEASE

From time to time, the YMCA of Greater New York (the "YMCA") takes pictures or records videos of members and non-members participating in YMCA programs, using its facilities, or attending one of its special events. Additionally, the YMCA may permit members of the media (the "Media") to take such pictures or record such videos in order to promote the YMCA's charitable mission and for other journalistic purposes. The individual person named below is signing this Release for the purposes of allowing the YMCA and the Media to use one or more such photographs, video recordings, and/or sound recordings (collectively, "Recordings") of such person for any purpose consistent with the YMCA's charitable mission, which includes, but is not limited to, the YMCA or the Media publishing such Recordings in newspapers, web sites, and other print or electronic publications, on television, or on the radio. By signing this Release, such person acknowledges that he or she has freely consented to be photographed, filmed, or otherwise recorded and has signed this Release of his or her own free will. If the person named below is under age 18, a parent or guardian of such person must sign on such person's behalf.

1. I agree that I am willing to be photographed, filmed, or otherwise recorded by the YMCA, its contractors, and the Media, either individually or as part of a group Recording, which may include my image, likeness, and/or voice. I further agree that my name may be used to identify me as a subject of any Recordings featuring my image, likeness, and/or voice.
2. I understand that the YMCA will own all rights in the Recordings of me that the YMCA or a YMCA contractor takes or records ("YMCA Recordings"), and that the YMCA will have the exclusive right to use, or allow others to use, such YMCA Recordings in any medium for any purpose consistent with the YMCA's charitable mission as determined by the YMCA.
3. I understand that the Media will own all rights in the Recordings of me that the Media takes or records ("Media Recordings"), and that the Media will have the exclusive right to use, or allow others to use, such Media Recordings in any medium for any lawful purpose.
4. I understand that I am waiving any and all rights that may preclude the YMCA's or the Media's use of the Recordings as described above.
5. I acknowledge that neither the YMCA nor the Media has any obligation to use any Recordings of me or to use such Recordings for any particular purpose.
6. I understand that I will receive no monetary payment or other compensation in exchange for the rights to use Recordings of me.

Signature

Date

Name (printed)

Name of Parent/Guardian (if applicable)

Mailing Address

Telephone Number (optional)

Email Address (optional)

Please bring in the completed application to your local branch.
For a complete list of branches visit ymcanyc.org/association/locations