

Branch: O - ROME O - ONEIDA	EMAIL ADDRESS:	JOIN DATE:	MEMBERSHIP TYPE:
FAMILY MEMBERS (1st person listed will be Primary YMCA Member) Family membership includes Mom, Dad, or significant other, children under age 18 and full time college up to 22			
LAST NAME	FIRST NAME	MIDDLE INITIAL	SUFFIX
			M/F
			BIRTH DATE
			/ /
			/ /
			/ /
			/ /
			/ /

ADDRESS		TELEPHONE NUMBERS		EMERGENCY CONTACT	
STREET	HOME () -	LAST NAME	FIRST		
P.O. Box #	CELL () - ext: -	WORK TELEPHONE # () - ext: -			
CITY	STATE	ZIP CODE	WORK () - ext: -	HOME TELEPHONE # () - ext: -	

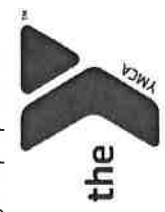
EMPLOYMENT INFORMATION (1) (For Community Partners Only)		EMPLOYMENT INFORMATION (2)		GENERAL INFORMATION QUESTIONS (OPTIONAL)	
EMPLOYER NAME	EMPLOYER NAME	NUMBER OF YEARS IN THE COMMUNITY:	ARE YOU WILLING TO VOLUNTEER:		
WORK PHONE	WORK PHONE	HOW DID YOU HEAR ABOUT OUR YMCA:	RENT OR OWN YOUR RESIDENCE:		
MAILING ADDRESS	MAILING ADDRESS	RACE: O-Caucasian O-African American O-Asian O-American Indian O-Hispanic O-Other	HOUSEHOLD INCOME: O-\$0-\$14,999 O-\$15,000-\$24,999 O-\$25,000-\$44,999 O-\$45,000-\$74,999 O- over \$75,000		

CHANGING LIVES CAMPAIGN Please consider helping a child or family in need of Y services. The Changing Lives Campaign raises funds to assure that no one is turned away from a YMCA program or service because of financial challenges they may face. I authorize the YMCA to add the following amount to my monthly draft to support the Changing Lives Campaign: O \$20 O \$15 O \$10 O \$5 O Other: \$ _____

YMCA MISSION: The YMCA is a charitable association of members that seeks to put Christian principles into practice through programs that build healthy Spirit, Mind and Body for all. As a YMCA member, I agree to abide by the rules and regulations of the YMCA which are designed for the enjoyment of all of its members. All memberships are for 1 year, except electronic fund transfers (EFT). EFT is perpetual (ongoing) and requires a 30 day written notice to terminate. 30 days written notice is required for terminating membership through an EFT or monthly payment option. Memberships paid in full are not eligible for cancellation, credit or refund. Cancellations cannot be honored over the phone. Memberships expiring more than 30 days are considered new and will be charged a joiners fee. I hereby consent to be interviewed, recorded, photographed, videotaped or filmed by representatives of the YMCA of the Greater Tri-Valley, for purposes of publication, display or broadcast (print, web, digital display and all other forms of media). I understand that the use of the YMCA facilities and participation in its programs is at my own risk and the YMCA reserves the right to revoke any or all services. "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 YMCA reserves the right to deny membership access to an individual that appears at any level on the sex offender registry.

Are you a registered sex offender? _____ yes _____ no

Member Signature _____ Date _____ Staff Signature _____ Date _____



YMCA EFT CREDIT CARD AUTHORIZATION

EFT/MEMBERSHIP CONVERSION

CHECKING ACCOUNT / CREDIT CARD AUTHORIZATION

I, _____
authorize the YMCA of the Greater Tri-Valley to draw my membership fee monthly. I understand that if I choose to cancel my membership, I will give a (30) thirty-day written notice in order to stop the (EFT) Electronic Funds Transfer. I also understand that a Youth/Young Adult Membership holds a minimum one-year commitment.

FA Expiration Date:	FA Percentage off:
Date of Withdrawal: <input type="checkbox"/> 3 rd <input type="checkbox"/> 18 th	Payment Amount: \$

Checking Account	Credit Card
Routing Number:	Credit Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover
Account Number:	Last Four Digits of CC Number:
***For Bank Draft a VOIDED check must be attached**	Expiration Date:

Member Signature:	Date:
Staff Signature:	Date:



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

We put Christian principles into practice through programs that help build healthy spirit, mind and body for all

Wellness Center Medical Release Form
YMCA of the Greater Tri-Valley
301 West Bloomfield Street
Rome, NY 13440

Date _____

Dear Doctor;

Your patient _____

Member/Patient Signature _____

Wishes to start a personalized training program, this activity will involve the following:

Strength Training and Cardiovascular Training

*If your patient is taking medications that will affect their heart rate in response to exercise, please indicate the manner of the effect (raises, lowers or has no effect on heart rate response)

Type of Medication _____

Effect _____

*Please identify any recommendations or restrictions that are appropriate for your patient in this exercise program:

_____ my patient has my approval to begin an exercise program with the recommendation and/or restrictions stated above.

*Physician Signature _____

*Office Number _____

Please fax this form in confidentiality to the YMCA 315-339-4076

Thank you,

YMCA OF THE GREATER TRI-VALLEY

Rome Family YMCA Branch

301 West Bloomfield Street, PO Box 510•Rome, New York 13440•315-336-3500 (F) 315-339-4076

Oneida Family YMCA Branch

701 Seneca Street•Oneida, New York 13421•315-363-7788 (F) 315-363-7352

New Hartford School Age Child Care Program

108 New Hartford Shopping Center•New Hartford, New York 13413•(P&F)315-797-4787

www.ymcatrivalley.org



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Informed Consent for Exercise Participation Form

I desire to engage voluntarily in the YMCA exercise program to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on the cardio respiratory system and to thereby attempt to improve function. The reaction of the cardio respiratory system to such activities can't be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand that the purpose of the exercise program is to develop and maintain balance, cardio respiratory fitness, body composition, flexibility, muscular strength and endurance, and the ability to climb stairs. A specific exercise plan will be given to me based on my needs and interested and my doctor's recommendation. All exercise programs include warm-up, exercise at target heart rate, and cool down. The programs may involve walking, jogging, swimming or cycling (outdoors or stationary); participation in exercise fitness rhythmic aerobic exercise, water fitness or choreographed fitness classes or calisthenics or strength training. All programs are designed to [;ace a gradually increasing workload on the body in order to improve overall fitness. The rate of progression is regulated by exercise target heart rate and perceived effort of exercise.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the instructor of my symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand that the nature of the exercise program. I also affirm that my questions regarding the exercise program have been answered to my satisfaction. I acknowledge receipt of a copy of this consent.

In the event that a medical clearance must be obtained prior to my participation in the exercise program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program.

Also in consideration for being allowed to participate in the YMCA exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless the YMCA and its staff members conducting the exercise program 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 injury or death, accidental or otherwise, during or arising in any way from, the exercise program.

Signature _____ Date: _____

Name _____ DOB: _____

Address _____

Telephone _____

Name of Physician _____

Physicians Address _____

Physicians Phone _____

Limitations/Medications _____

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