



DATE: \_\_\_\_\_ UNIT ID: \_\_\_\_\_

# WELCOME TO THE GRANITE YMCA MEMBERSHIP APPLICATION

- YMCA of Downtown Manchester
- YMCA Allard Center of Goffstown
- YMCA of Concord
- YMCA of Greater Londonderry
- YMCA of the Seacoast
- YMCA of Strafford County

**ID TYPE:**  SCHOOL  DRIVER'S LICENSE  PASSPORT  OTHER \_\_\_\_\_

**PRIMARY ADULT (CONTACT FOR THIS MEMBERSHIP)**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_  MALE  FEMALE  
 OTHER  
 HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_ EMPLOYER \_\_\_\_\_

**DEMOGRAPHIC DATA:** information is used for demographic purposes and grant applications (choose all that apply).

- AMERICAN INDIAN OR ALASKA NATIVE
- ASIAN
- BLACK/AFRICAN-AMERICAN
- HISPANIC/LATINO
- CAUCASIAN
- TWO OR MORE RACE/ETHNICITY
- MIDDLE EASTERN OR NORTHERN AFRICAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- UNKNOWN

**TYPE OF MEMBERSHIP PREFERRED**

- YOUTH (18 MONTHS-12 YEARS)
- 2 ADULT COUPLE
- SENIOR (62+)
- TEEN (13-18)
- 1 ADULT FAMILY
- SENIOR COUPLE (62+)
- YOUNG ADULT (19-29)
- 2 ADULT FAMILY
- ADULT (30+)
- FAMILY PLUS

**YOUTH & HOUSEHOLD MEMBERS TO BE INCLUDED ON THIS MEMBERSHIP**

FIRST NAME	LAST NAME	ADULT	YOUTH	BIRTHDATE	GENDER
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> OTHER
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> OTHER
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> OTHER
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> OTHER
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> OTHER
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> OTHER

**EMERGENCY CONTACT**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

**GET INVOLVED**  
 The Granite YMCA is a place where everyone is welcome regardless of age, race, religion, or financial circumstances. From career readiness to safe spaces, the Y is giving families, adults, and kids the support they need to thrive. You can help.  
 YES  NO **I AM INTERESTED IN LEARNING HOW I CAN GET INVOLVED WITH VOLUNTEER OPPORTUNITIES.**

**HOW DID YOU HEAR ABOUT US?**  Flyer  Local Ad  Newspaper  Radio  Social Media  Internet  
 Other \_\_\_\_\_  Member Referral \_\_\_\_\_

**CHECK INTERESTS:**

**General Wellness**

- Group Fitness Classes
- Cardio/Strength Equip
- Water Exercise Classes
- Group Training
- Personal Training
- Weight Loss
- Increase Energy/Feel Better

**Program**

- Aquatics/Swimming Lessons
- Sports/Leagues
- Tennis
- Gymnastics/Dance
- Climbing Gym/Adventure

**Specialty**

- Family Programs
- Camp/Child Care
- Chronic Disease Prevention
- Food/Nutrition Counseling
- Other: \_\_\_\_\_

**CURRENT LEVEL OF ACTIVITY:**

- Non-exerciser starting for the first time  Currently exercising at least 3 or more x/week
- Occasional exerciser  Joining for reasons other than exercising
- Currently exercising at least 1-2x/week

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

- In the event that a medical clearance must be obtained prior to the undersigned's participation at the Y, he/she agrees to consult with their physician and obtain written permission from him or her prior to commencing any Y program. Also, in consideration for being allowed to utilize the facilities and programs for any purpose, the undersigned agrees to assume the risk for such participation, and further agrees to hold harmless the Y and its staff members 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 illness, including exposure to and infection with viruses or bacteria, injury, or death, accidental or otherwise, during or arising in any way from a Y facility membership or program.
- 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 undersigned further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Hampshire and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
- All Y promotional materials use photographs taken during actual programs. If I wish that my or my child's photo not be taken or used, I must give a written request to the program director.
- Membership is subject to forfeiture for violation of association rules and regulations.

**ADDITIONAL AGREEMENTS (PLEASE INITIAL):**

- \_\_\_\_\_ I understand that if I wish to terminate, freeze (a \$10 fee will be applied for each month I have my membership on hold) or change my membership in any way, I must inform the YMCA, in writing, 30-days prior to my scheduled deduction.
- \_\_\_\_\_ I have received a Membership Overview which includes our code of conduct and will review all membership information with other household individuals under this membership. Refer to our website ([www.graniteymca.org](http://www.graniteymca.org)) for complete membership handbook.
- \_\_\_\_\_ I understand the YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.
- \_\_\_\_\_ I wish to opt in to receive text alerts to keep me informed with facility and program updates that may affect my visit to the Y. Standard message and data rates may apply. I understand I may opt-out of these communications at any time.

**MEMBERSHIP FOR ALL MEMBERS ONLY:**

- \_\_\_\_\_ I understand that my membership rate will default to the full standard rate if I do not submit my previous year's tax return within 30 days of joining the YMCA.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**OFFICE USE ONLY**

TOUR GIVEN  YES  NO (Why?) \_\_\_\_\_ TOUR GUIDE: \_\_\_\_\_  
 STAFF NAME: \_\_\_\_\_ SEX OFFENDER REGISTRY