



SOUTHERN PRAIRIE YMCA
 1201 W Townline, Creston, IA 50801
 Phone: 641-782-9622 Fax: 641-782-9624

MEMBERSHIP APPLICATION

HEAD OF HOUSEHOLD

Name (first name, middle initial, last name): _____ Birth date: _____ Male or Female
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Alternate Phone: _____ Email: _____
 Marital status: _____ Emergency Contact: _____ Emergency Contact Phone: _____

2nd Adult

Name (first name, middle initial, last name): _____ Birth date: _____ Male or Female
 Phone: _____ Alternate Phone: _____ Email: _____

ADDITIONAL FAMILY MEMBERS (Dependents in same household)

Child: _____ Birth date: _____ Male or Female Relationship to 1st Adult: _____
 Child: _____ Birth date: _____ Male or Female Relationship to 1st Adult: _____
 Child: _____ Birth date: _____ Male or Female Relationship to 1st Adult: _____
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 Child: _____ Birth date: _____ Male or Female Relationship to 1st Adult: _____
 Child: _____ Birth date: _____ Male or Female Relationship to 1st Adult: _____

MEMBERSHIP TYPE

- _____ Youth (age 3-23)
- _____ Individual Adult (age 24-61)
- _____ Couple (2 adults in same household and dependents under age 3)
- _____ Single Parent Family (1 adult & dependents in the same household)
- _____ Family (2 adults and dependents in the same household)
- _____ Senior (age 62+)
- _____ Senior Couple (1 or 2 adults must be 62 or older)
- _____ 6 month senior (62+)
- _____ 6 month senior couple (1 or 2 adults must be 62 or older)
- _____ One month Trial membership

PAYMENT METHOD

_____ Pay in full \$ _____
 _____ Monthly Bank Draft \$ _____
 _____ Payroll Deduction Company: _____

WHAT ARE YOU LOOKING TO DO MOST AT THE Y?

Would you like a staff member to contact you regarding wellness coaching or a weight/cardio room orientation?

(A free wellness consultation will help you maximize the benefits of your new Y membership.)

LIABILITY

I understand that the physical activities which I may participate in at the Y include, but my not be limited to, swimming, running, strength training, fitness classes, racquetball and basketball. I agree to assume all liability and release the Y from any liability for the risk of injury, illness or death on account of my presence in a Y facility or on account of my involvement in any activity at a Y facility, whether caused by negligence of the Y or another person on the premises or at the sponsored activity.
 Signature: _____ Date: _____

PHOTO RELEASE

I hereby irrevocably release, consent and allow the Southern Prairie YMCA and its agents to use my photograph/likeness/voice, as it pertains to my participation with the Y, in any manner for promotional efforts without expectation of any reimbursement in connection with its use. Signature: _____ Date: _____

NOTICE OF CANCELATION

Bank drafts require written notice before the 1st of the month preceding the draft date (minimum 25 day notice). Payroll deductions require written notice at least 30 days before stop date. Memberships are non-refundable and non-transferable.
 Signature: _____ Date: _____

MEMBERSHIP/PAYMENT INFORMATION (OFFICE USE ONLY)

YMCA Staff Member: _____ Initial Payment: _____ Payment Method: _____ New _____
 Notes: _____ Change _____
 Renewal _____