

DEMOGRAPHIC INFORMATION

In an effort to ensure the fullest possible participation of all segments of the Champaign County community we are tracking demographics of our members. Please note all responses are voluntary, however the information gathered from the questions below helps us ensure our membership and services represent the communities in which we are located.

1. What is the place of your birth:

Born in the United States Born outside of the United States, please specify location: _____

2. What is your Race?

Primary Member: _____

- Asian/Pacific Islander African American/Black
 Alaskan Native Caucasian/White
 Hispanic Native American
 Other: _____
 Unknown

Second Adult: _____

- Asian/Pacific Islander African American/Black
 Alaskan Native Caucasian/White
 Hispanic Native American
 Other: _____
 Unknown

3. In what school district do you live?

- Urbana Graham West Liberty-Salem
 Triad Mechanicsburg
 Other: _____

4. Please check the box that represents your approximate annual household income:

- Below \$15,000 \$15,000-\$25,000 \$25,001-\$38,250 \$38,251-\$59,999
 \$60,000-\$99,999 \$100,000+

5. How did you hear about the YMCA?

- Radio Television Billboard Drive by-live in area YMCA Direct Mail
 Email Yellow Pages Newspaper Magazine Place of Employment From a member
 Former Member Friends/Family Medical Referral Internet Unknown
 Other: _____

6. What is your primary reason for joining the YMCA?

- To improve personal or family health To participate in a specific program or activity Family recreation and activities
 Youth Programs Teen Programs Other: _____

7. If you plan to participate in YMCA health and wellness programs, please check the statement that best describes your current level of exercise

Primary Member: _____

- Already Active
 Somewhat Active
 Inactive

Second Adult: _____

- Already Active
 Somewhat Active
 Inactive

8. What are the primary interests of your household? Please check all that apply.

- Arthritis Programs Aerobics - Group Exercise Aerobics - Group H2O Cardiac Rehab Cancer Programs
 Family Programs Fundraising Group Cycle Healthy Lifestyle Changes Multiple Sclerosis
 Personal Training Pilates/Yoga Sports (Youth & Adult) Swim Lessons Teen Programs
 Weight Management Volunteerism

9. Would you like to volunteer for the YMCA? Please specify your area(s) of interest.

- Administrative Adventure Guides After School/Recreation (K-6) Aquatics Building/Maintenance
 Daycare (6 wk-Pre K) Summer Day Camp Family Programs Family Mental Health Fundraising
 Health & Well-being Membership Policy (boards & committees) Sports (youth & adult)
 Teens Young Adult Services

INVEST IN YOUTH CAMPAIGN DONATION

I want to help underprivileged youth and families in my community participate in YMCA programs. I authorize the YMCA to add the following amount to my monthly bank draft to support the YMCA Invest In Youth Campaign:

- \$25 \$15 \$10 \$5 Other: \$ _____

Authorizing signature: _____

CONDITIONS OF MEMBERSHIP

Member Health: The applicant(s) represents that he/she is in physically sound condition and understands that participation in aerobics and other exercise, weight training, recreational sports, and use of pool, spas, saunas/steam rooms and fitness equipment carry a potential risk of injuries or illness. The applicant further understands that the Champaign Family YMCA assumes no responsibility for any such injury or illness.

Member conduct and right to use the facility: Applicant agrees to abide by all policies and procedures of the Champaign Family YMCA and its branches and understands that failure to act in accordance with these rules may result in expulsion from the YMCA and revocation of the membership.

Criminal History: The applicant acknowledges that it is the policy of the Champaign Family YMCA to deny membership to any individual convicted of a sexual offense and that the YMCA will periodically check its membership records for criminal history.

Property Loss: The applicant understands that the Champaign Family YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities or participating in YMCA programs.

Photograph Permission: The applicant hereby gives permission for the YMCA (local, national and international) to use, without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret YMCA programs.

Cell Phone/ Video Taping: Due to the advances in video equipment and telephone video technology, and for the safety and security of our members and guests, any and all video equipment may not be used in locker rooms, dressing areas, shower areas, restrooms, or other areas generally deemed to be "private" within YMCA facilities. The Champaign Family YMCA requests that cell phone usage be reserved for lobby areas only.

Insurance: The applicant understands that the Champaign Family YMCA does not provide any accident or health insurance for its members or participants and further understands it is the applicant's responsibility to provide such coverage.

Signature of Applicant or Guardian

Date

Additional Adult Applicant

Date

LIABILITY WAIVER

In consideration of being permitted to utilize the facilities, services and programs of the Champaign Family YMCA ("YMCA") for any purpose including, but not limited to, observation or use of facilities and equipment and participation in any program affiliated with the YMCA without respect to location, I, on behalf of myself and any children, dependents or personal representatives, hereby:

1. Acknowledge that I have (a) read this release and waiver of liability; (b) had the opportunity to inspect the YMCA's facilities and equipment or will immediately upon entering or participating will inspect and carefully consider such premises, facilities or program;(c) accept the facilities, equipment and program as being safe and reasonably suited for the purposes intended and (d) voluntarily sign this release and waiver of liability.
2. Release the YMCA, its directors, officers, employees, agents and volunteers (collectively "YMCA Releases") from all liability to me for any loss or damage to property or injury or death to person, whether caused by the ordinary negligence of the YMCA Releases or any other person, and while I am in, upon or about any YMCA branch or any facilities or equipment therein or participating in any program or service affiliated with the YMCA.
3. Agree not to sue the YMCA Releases for any loss, liability, damage, injury or death described above and I agree to indemnify and hold harmless the YMCA Releases and each of them from any loss, damage or cost they may incur due to my presence in, upon or about any YMCA branch or any facilities or equipment therein or my participation in any program or service affiliated with the YMCA whether caused by the ordinary negligence of the YMCA Releases or by any other person. I assume full responsibility for the risk of such loss, liability, damage, injury or death.

I intend for this release and waiver of liability to be as broad and inclusive as is permitted by the laws of the State of Ohio. If any portion hereof is held invalid, I agree that the balance shall continue in full force and effect.

Signature of Applicant or Guardian

Date

Additional Adult Applicant

Date

OFFICE USE ONLY

Annual Membership
 Renewal Month

Monthly Draft
 Credit Card Draft
 Bank Draft
 1st of Month
 15th of Month

Paid Today

 First Draft Amount

Corporate Membership
Company _____
 Staff Membership
Department _____

Staff Initials
