



# WELCOME TO THE Y



- NEW JOIN     CD TOUR     FOSTER
- GUEST         BAY AREA     OTHER



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Household Email: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ Gender:  M or  F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_  Home or  Cell/Carrier Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Tampa Bay Corp. Partner?:  Yes  No  Not Sure

Income & Ethnicity/Race information is not required, but appreciated for statistical purposes:

Annual Household Income Level:         Under \$19,999     \$20,000 - \$29,999         \$30,000 - \$50,000

\$50,000 - \$75,000         Over \$75,000

Ethnicity/Race:     African American         Asian/Pacific Islander     Caucasian/White     Bi/Multi-Racial

Spanish/Hispanic/Latino     Native American         Other: \_\_\_\_\_

Privacy Notice: We will not disclose your personal or contact information for any non-related YMCA use.

## Spouse/Parent/Guardian Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Primary Member: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ Gender:  M or  F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Alternate Email: \_\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Tampa Bay Corp. Partner?:  Yes  No  Not Sure

Ethnicity/Race:     African American         Asian/Pacific Islander     Caucasian/White     Bi/Multi-Racial

Spanish/Hispanic/Latino     Native American         Other: \_\_\_\_\_

## Children/Dependent Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Ethnicity/Race: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ Gender:  M or  F

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Ethnicity/Race: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ Gender:  M or  F

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Ethnicity/Race: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_ Gender:  M or  F



### How did you hear about the Y?

- Direct Mail             Employer/Corporate Partner
- Internet Ad             Internet Search
- Print Ad                 Prior Member
- Email                     Healthcare Provider
- Member Referral     Phonebook
- Radio                     Social Media
- TV Ad                     School Age/Camp Participant

What brought you to our Y today?

\_\_\_\_\_

### Household Emergency Contacts

(Please list two people other than a member of your household)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_



Please select the following that may interest you or a member of your family:

- Programs:**     Kids Zone     Summer Camp     Youth Sports     Teen  
 Preschool     Family Programs     Martial Arts     Racquet Sports  
 Birthday Parties     Volunteering     Other \_\_\_\_\_
- Aquatics:**     Lap Swimming     Swim Lessons     Water exercise     Other \_\_\_\_\_
- Wellness:**     Wellness Center     Group Exercise Classes     Personal Training  
 myFIT     Health Initiative Programs     Massage  
 SilverSneakers/OPTUM®     Other \_\_\_\_\_
- Membership:**     One     One Plus     Two     Two Plus     Three Plus  
 Senior     Senior Two     Teen     Youth     Young Adult  
 Branch Only     Corporate     Other: \_\_\_\_\_



Please carefully read the information below, and then sign.

The safety and security of our members and those we serve is our number one priority. It is for this reason 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.

**Nationwide Membership:**

Should we participate in the YMCA Nationwide Membership Program, we understand that we must 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.

**Medical and Photo Release:**

The YMCA recommends doctor’s approval to exercise if you or participating family members are experiencing any medical conditions or are using any medications.

I, individually and on behalf of any minor children to whom I am either the parent, guardian or authorized adult with the authority to represent, give permission to the YMCA of the Suncoast to use photographs, film footage, or tape recordings, which may include a photo image or voice for purposes of promoting or interpreting YMCA programs and activities.

**Liability Release:**

In consideration of gaining membership, access to, or being allowed to participate in the activities and programs of the YMCA, and to use its facilities, equipment, and machinery, in addition to the payment of any fees or charges, I, individually and on behalf of the minor children to whom I am either the parent, guardian or authorized adult with the authority to represent, do hereby waive, forever discharge and covenant not to sue the YMCA and its officers, agents, employees, representatives, executors and all others from any and all responsibilities, liability or negligence for injuries or damages resulting in the participation of any activities or use of equipment or machinery in the above mentioned facilities or arising out of participating in any activities at said facility. I, individually and on behalf of the minor children to whom I am either the parent, guardian or authorized adult with the authority to represent, agree to adhere to all policies set by the YMCA of the Suncoast.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Person/Member Name: \_\_\_\_\_



**FOR STAFF USE ONLY**

Please obtain a photocopy of Cause Drive Tour Participant's driver's license.  
Please staple or tape to form



**FOR STAFF USE ONLY - Tour Interview Questions**

Name of Staff that gave Tour: \_\_\_\_\_

# of family/household dependents: \_\_\_\_\_

Introduced Prospective Member to: \_\_\_\_\_

Prospective Member:  Yes  No Issued Guest Pass:  Yes  No Recorded Visit:  Yes  No

Did they join today?  Yes  No

If not, please share at least (1) reason why: \_\_\_\_\_

Additional Staff Comments: \_\_\_\_\_

**Is Member/Guest a Bay Area Participant?**

Bay Area Home Branch: \_\_\_\_\_ Membership Type: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Does Member/Guest's home branch NOT participate in NWM?**

Home Branch: \_\_\_\_\_ Membership Type: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Is Member in Good Standing:  Yes  No

**FOR STAFF USE ONLY - New Member Information**

Active ID \_\_\_\_\_

Join Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approved for PHP:  Yes  No Approved % \_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tampa Bay Corporate Partner:  Yes  No If yes, Employer name: \_\_\_\_\_

Payment Method:  Bank Acct  Credit/Debit Card  Paid in Full EFT \$: \_\_\_\_\_ EFT Date: \_\_\_\_/\_\_\_\_

Membership:  Association Wide (perpetual)  MQSA  Branch Only (selected branches)  
 One  One Plus  Senior One  Senior Two  Two  Two Plus  Three Plus  Teen  Youth/Young Adult One  
 Health Initiative  Community Outreach  Other: \_\_\_\_\_

Was Member informed of Annual Support Campaign?  Yes  No

Was Member informed of YMCA of the Suncoast website?  Yes  No

Is member a health seeker?  Yes  No