

**FITNESS CONNECTION
MEMBERSHIP APPLICATION**

MEMBER # _____ MEMBERSHIP TYPE: _____
 AARP #: _____ Silver & Fit #: _____
 TIVITY (SILVER SNEAKERS) # _____
 Financial Aid Approved for _____% Staff Initials: _____ Barcode#: _____

PRIMARY MEMBER:

 FIRST NAME LAST NAME M.I. FEMALE MALE
 ____/____/____
 DATE OF BIRTH HOME PHONE # CELL PHONE #

 LOCAL MAILING ADDRESS APT. # CITY STATE ZIP COUNTY

 PLACE OF EMPLOYMENT WORK PHONE #

 EMERGENCY CONTACT PERSON RELATIONSHIP PHONE #

 EMAIL ADDRESS

Ethnicity: [] Hispanic [] Anglo [] Asian [] African American [] Native American [] Other _____

Income: Under \$15,000, [] \$15-\$34,999, [] \$35-\$54,999, [] \$55-\$74,999, [] \$75-\$100,000, [] Over \$100K N/A

I WAS REFERRED TO THE YWCA BY _____

SECOND ADULT:

 FIRST NAME LAST NAME M.I. FEMALE MALE
 ____/____/____
 DATE OF BIRTH TAG #

ONLY if adding dependents or children:

Dependent/Child's Name	M/F	DOB	Relationship	Tag #

NOTE: A Family Membership covers 2 adults and up to 4 dependents under the age of 18.

YWCA Corpus Christi General Waiver of Liability and Indemnification

Member or Applicant:

I understand that although the facilities, equipment, services and programs of the YWCA **Fitness Connection** program are designed to provide a safe level of beneficial exercise and enjoyment, there is an inherent risk that use of such facilities, equipment, services and programs may result in injury to me.

1. **THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE** the YWCA Corpus Christi, it's directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YWCA, without respect to location.
2. **THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YWCA premises or in any way observing or using any facilities or equipment of the YWCA or participating in any program affiliated with the YWCA whether caused by the negligence of the releases or otherwise.
3. **THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BOLDILY INJURY, DEATH OR PROPERTY DAMAGE** due to negligence of releases or otherwise while in, about, or on the premises of the YWCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YWCA.
4. **THE UNDERSIGNED HEREBY PERMITS THE YWCA, KRIS, KIII, KZTV, KORO**, the Caller Times and other media outlets to make and use photographic likeness of myself, in a still or video commercial, to be exhibited by television broadcasting and/or the internet at the said media stations. The material will be used for news and/or YWCA purposes. It will also be utilized in YWCA print materials, and any forms, of media releases, and or video produced to help the YWCA.

THE UNDERSIGNED further expressly agrees that the forgoing **RELEASE, WAIVER, AND INDEMNITY AGREEMENT** is intended to be as broad and inclusive as is permitted by the laws of the State and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statement, or inducement apart from the foregoing written agreement have been made.

I also acknowledge the existence and the need for Rules and Regulations including those governing the use of the **Fitness Connection** program's equipment and facilities and participation in various YWCA programs and services. I hereby agree to comply with those Rules and Regulations and to amendments or additions to them as the YWCA deems necessary.

I understand that my membership may be cancelled if the YWCA determines this is in the best interest of the organization and/or its clientele.

All adults on account must sign below:

Member Signature Date

Member Printed Name

Member Signature Date

Member Printed Name

Brief Personal Health History

Member/Applicant Name (*Please Print*)

All information in this section is maintained in strictest confidence and will not be released to anyone unless Member/Applicant grants permission in writing.

Please help us determine what your personal needs are. If you have any special needs of which you would like our instructors to be aware of, please indicate: _____

Do you have, have you had, or have you been treated in the last year for any of the following?
(For information purposes only and will not affect eligibility to participate in the program.)

	YES	NO	COMMENTS		YES	NO	COMMENTS
Arthritis				Epilepsy			
Asthma				Heart Attack			
Bleeding Tendency				High Blood Pressure			
Congenital Heart Disease				Stroke			
Diabetes				Chest Pain			
Emphysema				Heart Palpitations			
Visual Problems				Neck Injury			
Hearing Problems				Back Injury			
Severe Dizziness				Muscle/Tendon Injury			
Fainting/Blackouts				Shortness of Breath			
Severe Headaches				Recent Surgery			
Head Injury				Hernia			

Are you currently under a doctor's care for any of the above? Yes No

If so, please explain: _____

Name of Doctor: _____

Telephone Number: () _____

DO YOU...	YES	NO	CONSUMPTION:	WEEK	DAY
Smoke?			Packs per		
Drink Coffee/Tea?			Cups/Glasses per		
Drink Alcohol/Beer?	Oun ces per		Ounces per		

I consider myself...	YES	NO
Overweight		
Underweight		
The right weight		
Basically in shape		
Somewhat in shape		
Totally out of shape		

I currently exercise ...	YES	NO
Once a Week		
Twice a Week		
Three times a Week		
Three + times a Week		
None		
Occasionally		

Person to contact in Emergency: _____

Relationship: _____ Phone #: _____

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form.

Recurring Payment Authorization:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize YWCA Corpus Christi to charge my credit card
(full name)

indicated below for \$ _____ on the _____ of each _____ for payment of my
(day or date) (insert frequency)

(insert type of bill)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Checking/ Savings Account

Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Credit Card

Visa MasterCard

Amex Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

CVB # _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify YWCA Corpus Christi in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that YWCA Corpus Christi may at its discretion attempt to process the charge again within 30 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.