



SISKIYOU FAMILY YMCA

APPLICANT INFORMATION

Name:		
Male	Female <i>(Please circle)</i>	Date of birth:
Phone:		
Current mailing address:		
City:	State:	ZIP Code:
Marital Statues: <i>(Please circle)</i>	Single	Married
	Divorced	Separated
	Unspecified	
Race: <i>(Optional) (Please circle)</i>	Unspecified	American Indian
	Alaskan Native	African American/Black
Asian/Pacific Islander	Caucasian/White	Hispanic
	Other	
E-Mail:		

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		
City:	State:	ZIP Code:
Phone:	Position:	

EMERGENCY CONTACT

Name of emergency contact:	Phone:
Relation to primary: <i>(Please circle)</i>	Spouse
	Son
	Daughter
	Parent
	Dependent
Domestic Partner	Sibling
Grandparent	Guardian
Family Member	Other

EMERGENCY INFORMATION

Medical Problems:		
Medications:		
Allergies:	State:	ZIP Code:
Doctors Name:	Doctors Phone:	

ADDITIONAL ADULT INFORMATION IF JOINT MEMBERSHIP

Name:		
Male	Female <i>(Please circle)</i>	Date of birth:
Race: <i>(Optional) (Please circle)</i>	Unspecified	American Indian
	Alaskan Native	African American/Black
Asian/Pacific Islander	Caucasian/White	Hispanic
	Other	
E-Mail:		

SECONDARY EMPLOYMENT INFORMATION

Current employer:		
Employer address:		

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Child/ren Live/s With: <i>(Please circle)</i>	Both Parents	Mother	Father	Grand Parent/s
Guardian	Other: _____			

Who is Guardian: <i>(Please circle)</i>	Both Parents	Mother	Father
Other: _____			

Name:	Birth date:
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Male	Female	<i>(Please circle)</i>
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Race: <i>(Optional) (Please circle)</i>	Unspecified	American Indian	Alaskan Native	African
American/Black	Asian/Pacific Islander	Caucasian/White	Hispanic	Other

Medical Problems:

Medications:

Allergies:

Doctors Name:	Doctors Phone:
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Name:	Birth date:
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Male	Female	<i>(Please circle)</i>
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Race: <i>(Optional) (Please circle)</i>	Unspecified	American Indian	Alaskan Native	African
American/Black	Asian/Pacific Islander	Caucasian/White	Hispanic	Other

Medical Problems:

Medications:

Allergies:

Doctors Name:	Doctors Phone:
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Name:	Birth date:
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Male	Female	<i>(Please circle)</i>
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Race: <i>(Optional) (Please circle)</i>	Unspecified	American Indian	Alaskan Native	African
American/Black	Asian/Pacific Islander	Caucasian/White	Hispanic	Other

Medical Problems:

Medications:

Allergies:

Doctors Name:	Doctors Phone:
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EMERGENCY CONTACT INFORMATION				
Emergency Contact:			Phone:	
Relation to primary: <i>(Please circle)</i> Self Spouse Son Daughter Parent				
Dependent				
Sibling Grandparent Guardian Family Member Other				
EMERGENCY CONTACT INFORMATION				
Emergency Contact:			Phone:	
Relation to primary: <i>(Please circle)</i> Self Spouse Son Daughter Parent				
Dependent				
Sibling Grandparent Guardian Family Member Other				
ADDITIONAL AUTHORIZED PICK-UP INFORMATION				
Authorized Pick-Up Of Child				
First Name:			Last Name:	
Current Address:				
City:		State:		Zip Code:
Phone:			2 nd Phone:	
Relation to child?				

SIGNATURES	
PLEASE READ CAREFULLY AND SIGN BELOW	
I hereby apply for membership at the Siskiyou Family YMCA and signify that I agree with its principle and purposes. I also believe all the above information to be true and correct. I understand the Siskiyou Family YMCA	
<ul style="list-style-type: none"> • membership privileges are not subject to refund. • has the right to revoke this membership at any time with due cause. • is not responsible for injuries sustained while engaging in YMCA activities. • is not responsible for any personal property that is lost or stolen. • needs to be notified in writing 30 days before membership is canceled. • increases membership dues annually based on COLA (cost of living adjustment). 	
Signature of applicant:	Date:

AREAS OF INTEREST <i>(PLEASE CIRCLE ALL THAT APPLY)</i>				
Aerobics – Group Ex.	Child Care	Family Rec.	Spinning	Coaching
Volunteerism	Strength Training	Parent – Child Programs	Fundraising	Sports
Teen Activities	Board Member	Summer Camp	Senior Programs	Aquatics
Resident Camp	Social Activities	Other: _____		
VOLUNTEER INTEREST <i>(PLEASE CIRCLE ALL THAT APPLY)</i>				

Aerobics – Group Ex.	Child Care	Family Rec.	Spinning	Coaching
Volunteerism	Strength Training	Parent – Child Programs	Fundraising	Sports
Teen Activities	Board Member	Summer Camp	Senior Programs	Aquatics
Resident Camp	Social Activities	Other: _____		

Weight Room Orientation Waiver:

I hereby decline orientation of the Fitness and Weight Room equipment. I am aware that I may request complimentary orientation at any time.

I am aware of the policies regarding conduct and usage of the Weight Room and Fitness Room.

Signed:

Date:

Fundraising/Donations Option:
