

DUNELAND FAMILY YMCA MEMBERSHIP APPLICATION

FOR OFFICE USE ONLY

Please fill out a form for each new member, for members who have renewed, for changes in membership information, or banking information.

New **Renewal**

NAME: _____ DATE: _____

Membership Type Child High School Young Adult Adult
 Adult +1 1 Adult Household Household Active Older Adult
 Active Older Adult +1 PRIME Silver Sneakers

Payment Plan: Bank Draft Annual in Full (1mth free)

Monthly Bank Draft Amount: \$ _____

Date Joined: _____ Receipt#: _____ (please copy receipt and attach to form)

Date entered into membership database: _____ Staff initials _____

Date entered into bank draft: _____ Staff initials _____

Email Entered Cards made# _____ Welcome Packet Given

Thank you card sent Par-Q forms filled out

Membership Application

Category: General Corporate (*Business Name*) _____

Membership Types					
Type	Rate	Type	Rate	Type	Rate
<input type="checkbox"/> Child	\$15	<input type="checkbox"/> Adult	\$42	<input type="checkbox"/> Household	\$69
<input type="checkbox"/> High School	\$15	<input type="checkbox"/> Adult + One	\$55	<input type="checkbox"/> Active Older Adult	\$25
<input type="checkbox"/> Young Adult	\$20	<input type="checkbox"/> 1 Adult Household	\$50	<input type="checkbox"/> Active Older Adult +1	\$35

Payment Method: Monthly Bank Draft Annual (13th Month Free)

(PLEASE PRINT)

First Name: _____ City: _____ State: ____ Zip: _____
 Last Name: _____ Home Phone: () ____ - _____ (Preferred)
 M. I. ____ Cell Phone: () ____ - _____ (Preferred)
 Gender: M or F D.O.B. ____/____/____ Work Phone: () ____ - _____ (Preferred)
 E-mail: _____ Preferred Emergency Contact: _____
 Address: _____ Preferred Emergency Phone: () ____ - _____

Additional Membership Information						
	First Name	Last Name	Gender	D.O.B.	Relation	E-mail Address
1.			M / F	/ /	SP/S/D/ Other	
2.			M / F	/ /	SP/S/D/ Other	
3.			M / F	/ /	SP/S/D/ Other	
4.			M / F	/ /	SP/S/D/ Other	
5.			M / F	/ /	SP/S/D/ Other	

Household Income	
> \$10,000	\$40,000 - \$50,000
\$10,000 - \$20,000	\$50,000 - \$100,000
\$20,000 - \$30,000	\$100,000 +
\$30,000 - \$40,000	

Demographic Information	
Ethnicity	
Asian	Native American
African American	Caucasian
Hispanic	Other

Religion	
Christian	Hindu
Jewish	Islam
Buddhist	Interfaith

The Duneland Family YMCA is a not-for-profit 501c (3) facility. We depend on membership fees, program fees, and donations to operate our facility as a YMCA that "never turns anyone away due to the inability to pay". We are requesting the following information for grant writing purposes ONLY. The grant committees that review the applications we submit require this information to make their decisions based on organizations that either have the most need or reach the most people when they allocate their funding. We are unable to provide accurate information without the cooperation of our YMCA participants. Thank you in advance for your assistance.

Employer/School: _____ Occupation: _____

TO HELP US SERVE YOU BETTER, PLEASE FILL OUT THE FOLLOWING INFORMATION

How did you hear about the Duneland Family YMCA?

Newspaper Website Radio Member YMCA Brochure Other: _____

What are you looking to do most at the YMCA? _____

Would you like to receive text message updates? YES NO

The YMCA is a volunteer driven organization; we utilize in programs like YMCA Youth Sports, help in the Teen Center on Friday nights, special events like YMCA Healthy Kids Day, and facility projects like Annual Spring Clean Up. We can certainly use your help.

Would you like a staff member to contact you regarding volunteer opportunities at this time?

YES NO

If yes, what special skills do you have? _____

What area(s) are you interested in volunteering? _____

In consideration of gaining membership 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 payments of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all Responsibilities or liability for injuries or damages resulting from my participation in my activities or my use of equipment or machinery in the above mentioned and other out of my Participation in any activities at said facility. I do also hereby release all those mentioned and other acting upon their behalf from any responsibility or liability for an injury or damage to myself, including those caused by the neglect act or omission of any of those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA as written in the YMCA membership Handbook.

Signature: _____ Date: _____

I would like to add a \$60 locker fee to my membership. I have chosen the following method of payment:

Monthly draft Payment in full

I understand that I supply my own lock for my locker. In the event that I cancel my membership I am expected to also cancel my locker rental. Early cancellation for full pay membership forfeits my locker fee. All locker fees are non-refundable.

Signature: _____ Date: _____

PAR-Q & YOU



Choose a variety of activities from these three groups:

Endurance
4-7 days a week
Continuous activities for your heart, lungs and circulatory system.

Flexibility
4-7 days a week
Gentle reaching, bending and stretching activities to keep your muscles relaxed and joints mobile.

Strength
2-4 days a week
Activities against resistance to strengthen muscles and bones and improve posture.

Starting slowly is very safe for most people. Not sure? Consult your health professional.

For a copy of the *Guide Handbook* and more information: 1-888-334-9769, or www.paguide.com

Eating well is also important. Follow *Canada's Food Guide to Healthy Eating* to make wise food choices.

Get Active Your Way, Every Day—For Life!

Scientists say accumulate 60 minutes of physical activity every day to stay healthy or improve your health. As you progress to moderate activities you can cut down to 30 minutes, 4 days a week. Add-up your activities in periods of at least 10 minutes each. Start slowly... and build up.

Time needed depends on effort				Maximum Effort
Very Light Effort	Light Effort	Moderate Effort	Vigorous Effort	
60 minutes	30-60 minutes	30-60 minutes	20-30 minutes	• Sprinting • Racing
• Strolling • Dusting	• Light walking • Volleyball • Easy gardening • Stretching	• Brisk walking • Biking • Raking leaves • Swimming • Dancing • Water aerobics	• Aerobics • Jogging • Hockey • Basketball • Fast swimming • Fast dancing	
Range needed to stay healthy				

You Can Do It – Getting started is easier than you think

Physical activity doesn't have to be very hard. Build physical activities into your daily routine.

- Walk whenever you can—get off the bus early, use the stairs instead of the elevator.
- Reduce inactivity for long periods, like watching TV.
- Get up from the couch and stretch and bend for a few minutes every hour.
- Play actively with your kids.
- Choose to walk, wheel or cycle for short trips.
- Start with a 10 minute walk – gradually increase the time.
- Find out about walking and cycling paths nearby and use them.
- Observe a physical activity class to see if you want to try it.
- Try one class to start – you don't have to make a long-term commitment.
- Do the activities you are doing now, more often.

Benefits of regular activity: Health risks of inactivity:

- | | |
|--|--|
| <ul style="list-style-type: none"> • better health • improved fitness • better posture and balance • better self-esteem • weight control • stronger muscles and bones • feeling more energetic • relaxation and reduced stress • continued independent living in later life | <ul style="list-style-type: none"> • premature death • heart disease • obesity • high blood pressure • adult-onset diabetes • osteoporosis • stroke • depression • colon cancer |
|--|--|

Physical activity improves health.

Every little bit counts, but more is even better – everyone can do it!

Get active your way – build physical activity into your daily life...

- at home
 - at school
 - at work
 - at play
 - on the way
- ...that's active living!

Increase Endurance Activities **Increase Flexibility Activities** **Increase Strength Activities** **Reduce Sitting for long periods**



No charges permitted. Permission to photocopy this document is granted, not binding. Call toll-free 1-877-968-1414. ISBN 0-888-08871-7



Source: Canada's Physical Activity Guide to Healthy Active Living, Health Canada, 1998 <http://www.hc-sc.gc.ca/hppb/paguide/pdf/guideEng.pdf>

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FITNESS AND HEALTH PROFESSIONALS MAY BE INTERESTED IN THE INFORMATION BELOW:

The following companion forms are available for doctors' use by contacting the Canadian Society for Exercise Physiology (address below):

The **Physical Activity Readiness Medical Examination (PARmed-X)** – to be used by doctors with people who answer YES to one or more questions on the PAR-Q.

The **Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for Pregnancy)** – to be used by doctors with pregnant patients who wish to become more active.

References:

Arraix, G.A., Wigle, D.T., Mao, Y. (1992). Risk Assessment of Physical Activity and Physical Fitness in the Canada Health Survey Follow-Up Study. *J. Clin. Epidemiol.* 45:4 419-428.

Mottola, M., Wolfe, L.A. (1994). Active Living and Pregnancy, In: A. Quinney, L. Gauvin, T. Wall (eds.), **Toward Active Living: Proceedings of the International Conference on Physical Activity, Fitness and Health**. Champaign, IL: Human Kinetics.

PAR-Q Validation Report, British Columbia Ministry of Health, 1978.

Thomas, S., Reading, J., Shephard, R.J. (1992). Revision of the Physical Activity Readiness Questionnaire (PAR-Q). *Can. J. Sport. Sci.* 17:4 338-345.

For more information, please contact the:

Canadian Society for Exercise Physiology
202-185 Somerset Street West
Ottawa, ON K2P 0J2
Tel. 1-877-651-3755 • FAX (613) 234-3565
Online: www.csep.ca

The original PAR-Q was developed by the British Columbia Ministry of Health. It has been revised by an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gledhill (2002).

Disponible en français sous le titre «Questionnaire sur l'aptitude à l'activité physique - Q-AAP (révisé 2002)».

Par-Q

Physical Activity Readiness Questionnaire

Please read the questions carefully and answer each one honestly: check YES or NO.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of any other reason why you should not do physical activity?

YES to one or more questions



Talk with your doctor by phone or in person **BEFORE** you start becoming more physically active or **BEFORE** you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions



If you answered NO honestly to all PAR-Q questions, you can be reasonable sure that you can:

- Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.



Delay becoming much more active:

- If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

Please note: if your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Duneland Family YMCA Application for Electronic Fund Transfer

- **What is the YMCA electronic transfer plan?**

The program provides a way to budget your annual YMCA membership fees on a monthly basis. With your authorization, the membership fees are deducted monthly from an account of your choosing.

- **What are the benefits of such a program?**

Affordability. Monthly payments are easy on your budget

Convenience. You save time and mailing costs. No need to write checks or stop by the front desk each month.

No additional fees. There is no extra charge for using the electronic fund transfer plan.

- **Who is eligible for the electronic payment plan?**

Anyone who has an account with a bank- (checking, savings, debit, credit).

Authorization Agreement

I hereby authorize the Duneland YMCA to initiate electronic bank draft entries to my:

Checking Savings Debit/credit card

Other: _____

I authorize the financial institution named below to debit my account.

Financial Institution: _____

City/State: _____

Please supply a voided check or enter debit/credit card information below.

Type of Credit Card: _____

Credit Card #: _____

Expiration: ____/____ CID (back of card): _____

Name on Card: _____

Address: _____

Phone Number: _____ Email: _____

Amount of monthly bank draft:\$ _____

Date bank draft begins: ____/____

***This authorization remains in effect until the YMCA has received a 30-day written notification from me indicating my desire to discontinue my membership.

Terms and Conditions

1. I understand that this is a continuous membership plan unless a 30-day written notification is given to discontinuing membership.
2. I understand that if I wish to terminate or change my membership in any way, I must give the YMCA a 30-day written notice, and turn in all membership cards upon termination.
3. The YMCA Board may, at its discretion, adjust the monthly rate applicable to my membership category once per year. I understand that I will receive notification prior to any such change in my membership fees.
4. Should any membership deduction not be honored by my bank for any reason, I understand that I am still responsible for the payment, plus a service charge of no more than \$25 applied by the YMCA. This is in addition to the service fee my bank may make.
5. I understand it is my responsibility to notify the YMCA in writing should I change my financial institution or account at any time.
6. By signing and initialing below, you have hereby read and agree to the terms and conditions.

Member Initials: _____

Member Signature: _____

