



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# St. Cloud Area Family YMCA

1530 Northway Drive

St. Cloud MN, 56303

## MEMBERSHIP APPLICATION

Membership Type:
Unit ID #

### ADULT MEMBER (PLEASE PRINT)

First Name	Last Name	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		<input type="checkbox"/> Photo
City	State	Zip Code
Primary Phone (Including Area Code)	Employer/School	Birthdate (MM/DD/YYYY)
E-Mail		
Emergency Contact: Name	Phone:	Relationship:

### ADDITIONAL HOUSEHOLD MEMBERS (PLEASE PRINT)

First Name	Last Name	Employer/School	Birthdate	Gender (M/F)	YMCA Use Only
					<input type="checkbox"/> Photo
					<input type="checkbox"/> Photo
					<input type="checkbox"/> Photo
					<input type="checkbox"/> Photo
					<input type="checkbox"/> Photo
					<input type="checkbox"/> Photo

**Please complete the following areas regarding income and ethnicity. The information is essential for the YMCA's use in obtaining outside funding and offering scholarships to those whose annual income falls within the guidelines. This information is kept in strict confidence. Thank you**

<p><b>Household Income</b></p> <p><input type="checkbox"/> Under \$13,999    <input type="checkbox"/> \$55,000 - 74,999</p> <p><input type="checkbox"/> \$14,000 - 24,999    <input type="checkbox"/> \$75,000 - 99,999</p> <p><input type="checkbox"/> \$25,000 - 39,999    <input type="checkbox"/> \$100,000 - 114,999</p> <p><input type="checkbox"/> \$40,000 - 54,999    <input type="checkbox"/> over \$115,000</p>	<p><b>Ethnic/Racial Background</b></p> <p><input type="checkbox"/> Asian/Pacific Island    <input type="checkbox"/> Native American</p> <p><input type="checkbox"/> African-American    <input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> Caucasian    <input type="checkbox"/> Multi-Racial</p> <p><input type="checkbox"/> Other _____</p>
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**Mission & Core Values:** The St Cloud Area Family YMCA was chartered in 1969 into the National Council of YMCA of the USA. The YMCA organization has been active in providing services and facilities for over 150 years. Over 2,400 YMCA's nationwide focus on a central mission statement and four core values.

**Our Mission:** To put Christian Principles into practice through programs that build healthy spirit, minds and body for all.

**Our Four Core Values:** **CARING**; to love others, to be sensitive to the well-being of others, to help others. **HONESTY**; to tell the truth, to act in such a way that you are worthy of trust, to have integrity, making sure your choices match your values. **RESPECT**; to treat others as you would have them treat you, to Value the worth of every person including yourself. **RESPONSIBILITY**; to do what is right, what you ought to do, to be accountable for your behavior and obligations.

Waiver: In consideration of the YMCA accepting this application, I for myself, my heirs, executors, administrators, &/or for the minor(s) for whom I am signing, release & forever discharge the St. Cloud Area Family YMCA & its officers, employees, directors, agents & all persons connected with the YMCA of & from all rights, claims, demands & actions of any and every nature whatsoever, for any & all loss, damage, injuries sustained by me of my property at any time. I declare, for myself & the minors that I/he/she/we am/are/is physically sound & medically approved to participate in the activities of the YMCA. Refunds: There are no refunds on memberships paid for in advance unless you provide written doctor's order. I release all photos taken by the YMCA for YMCA purposes only. I understand that a criminal sexual offender background check will be conducted on members and guests as a matter of course. I also understand that it is the YMCA's policy to deny access to individuals registered as Sex Offenders. Myself and my dependents will follow and abide by the posted and available **Kid Zone** rules.

Signature of Applicant/Parent or Guardian if a Minor \_\_\_\_\_ Date \_\_\_\_\_

Please complete Back Side ⇨