



MEMBERSHIP APPLICATION

CONTACT INFORMATION

Date: _____

Your Name _____ Fob # _____ DOB _____

Address: Street _____ Apt _____

City _____ State _____ Zip _____

Preferred Telephone _____ Alternate Telephone _____

Email Address _____

Emergency Contact _____

How would you liked to be contacted?
 Email Text Phone Opt Out

Relationship _____ Phone: _____

MEMBERSHIP TYPE

Please select one of the following Membership types:

- | | |
|--|--|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Silver Sneakers™ |
| <input type="checkbox"/> Family | <input type="checkbox"/> Silver & Fit™ |
| <input type="checkbox"/> AARP Medicare | <input type="checkbox"/> Renew™ (was Optum) |
| <input type="checkbox"/> S&S Hospital Employee | <input type="checkbox"/> Corporate Member with:
_____ |

How did you hear about us?

- | | |
|---|---|
| <input type="checkbox"/> Member Referral (Name) _____ | <input type="checkbox"/> YCRR Web Site |
| <input type="checkbox"/> Employer Discount | <input type="checkbox"/> Silver Sneakers™ |
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Email |
| <input type="checkbox"/> Facebook | |
| <input type="checkbox"/> Instagram | |
| <input type="checkbox"/> Other _____ | |

MEDICAL QUESTIONNAIRE

- Y N**
- Has Your Doctor ever said you have a heart condition?
- Do you frequently feel pain in your chest or heart?
- Do you lose your balance because of dizziness or do you ever lose consciousness?
- Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Are you currently taking medication for your blood pressure or heart condition?
- Do you know of any other reason why you should not do physical activity?

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions, is no guarantee that you will have a normal response to exercise. If you answered YES to any of the above questions, then you may need written permission from a physician before participating in physical and aerobic fitness activities and/or fitness evaluation testing at the Yates Community Center.

Init: _____

COUPLE OR FAMILY MEMBERSHIP WITH:

Name: _____ FOB: _____ Name: _____ FOB: _____
 Name: _____ FOB: _____ Name: _____ FOB: _____

If not submitted online please bring in the completed application to the Yates Community Center at 467 N. Main St., Penn Yan, NY 14527

(over)

Waiver of Important Legal Rights

Company Name: Yates Cultural & Recreational Resources, INC. (YCRR) Release and Waiver of Liability and Indemnity. You, hereafter referred to as Member, acknowledge and agree that Member's use of Yates Cultural and Recreational Resources' (YCRR) facilities, services, equipment or premises, involves risks of injury to persons and property, including those described below, and Member assumes full responsibility for such risks. In consideration of being permitted to enter any facility of YCRR for any purpose including, but not limited to, observation, use of facilities, services or equipment, or participation in any way, Member agrees to the following: Member hereby releases and holds YCRR, its directors, officers, employees, volunteers and agents harmless from all liability to Member and Member's personal representatives, assigns, heirs and next of kin for any loss or damage, and forever gives up any claim or demands therefore on account of injury to Member's person or property, including injury leading to death of member, whether caused by the active or passive negligence of YCRR or otherwise to the fullest extent permitted by law while Member is in, upon, or about YCRR' premises or using any YCRR facilities, services or equipment. Member also hereby agrees to indemnify YCRR from any loss, liability, damage or cost YCRR may incur due to the presence of Member in, upon, or about the YCRR premises or in any way observing or using any facilities or equipment of YCRR, whether caused by negligence of Member or otherwise. You represent (a) that Member is in good physical condition and has no disability, illness or other condition that could prevent member from exercising without injury or impairment of health, and (b) that Member has consulted a physician concerning an exercise program that will not risk injury to Member or impairment of Member's health. Such risk of injury includes (but not limited to): injuries arising from use by Member of exercise equipment and machines; injuries arising from participation by Members or others in supervised or unsupervised activities or programs at YCRR; injuries and medical disorders arising from exercising at YCRR such as heart attacks, strokes, heat stress, sprains, broken bones, and torn muscles and ligaments, among others; and accidental injuries occurring anywhere in YCRR dressing rooms and other facilities. Member further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be used as broad and inclusive as is permitted by the law of the State in which it is signed by Member and that if any portion hereof is invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect. Member has read this release and waiver of liability and indemnity clause, and agrees that no oral representations, statements or inducement apart from the forgoing written agreement has been made.

Init: _____

PHOTO RELEASE

Yates Community Center and partners post photos of the fitness center, workout classes, and our events on our Facebook, Instagram and web pages. No names or identifying information is posted. We do not tag the photos. This authorization is given on the condition that the materials taken or produced will be used for the purpose of community education, fitness center, and exercise program promotions. I give my permission for photos and/or videos of me to be used in public relations materials and to be posted on social media, such as Facebook, Twitter, Instagram, and on the Yates Community Center website.

Init: _____

SIGNATURE

All information supplied by me on this form is true to the best of my knowledge.

Signature

Date

Name (Printed)

Name of Parent/Guardian (if applicable)

BELOW FOR OFFICE USE ONLY

Today's Payment

TOTAL Amount Paid _____ Cash _____ Check # _____ CC Authorization # _____

Insurance # _____ Init: _____

For (circle one): 1-month 6-months 1 year Other: _____

Includes a FOB Payment: Yes or No Auto Withdrawal Sign-Up: Yes or No

Notes:
