



TERRE HAUTE FAMILY Y
MEMBERSHIP APPLICATION

Membership Type: **Adult**____ **Household**____ **Senior Adult**____ **Senior Household**____ **Participant**____
 Prime Adult____ **Prime Household**____ **Silver Sneakers**____

First Name _____ Middle Initial _____ Last Name _____ Birth Date _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Address (if different) _____

Primary Phone _____ Cell/ Other Phone _____

Emergency Contact _____

Emergency Phone _____ Relation to Primary _____

Gender _____ Race _____ Marital Status _____ Social Security Number _____

Spouse Information if joint membership

Name _____ Birth Date _____

Children / Others for Household Membership

Name _____ Birth Date _____ Gender _____

Name _____ Birth Date _____ Gender _____

Name _____ Birth Date _____ Gender _____

Name _____ Birth Date _____ Gender _____

Name _____ Birth Date _____ Gender _____

Medical Information

Name _____ Medical Problem _____

Medications _____ Allergies _____

Doctor _____ Doctor Phone _____ Hospital _____

Terre Haute Family Y Liability Waiver

I hereby waive any and all rights and claims against the Terre Haute Family Y, it's Trustees, Board of Directors, Agents, and all employees arising during or after the participation in Y activities.

X _____ Signature of Adult/Parent/Guardian

I give permission to the Terre Haute Family Y to use my or my child(ren's) photograph for promotional purposes.

X _____

How did you hear about the Terre Haute Family Y?

Current Member ___ Radio ___ T V ___ Other _____

Areas of Interest – please mark all that apply

- | | | |
|--|--|---|
| <input type="checkbox"/> Aerobics – Group Exercise | <input type="checkbox"/> Parent – Child Programs | <input type="checkbox"/> Senior Programs |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Aquatics |
| <input type="checkbox"/> Family Recreation | <input type="checkbox"/> Sports | <input type="checkbox"/> Social Activities |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Teen Activities | <input type="checkbox"/> Personal Fitness |
| <input type="checkbox"/> Volunteerism | <input type="checkbox"/> Board Member | <input type="checkbox"/> Nutrition Counseling |
| <input type="checkbox"/> Strength Training | <input type="checkbox"/> Summer Camp | <input type="checkbox"/> Other _____ |

Volunteer Work – please mark all that apply

- | | | |
|--|---|---|
| <input type="checkbox"/> Aerobics - Group Exercise | <input type="checkbox"/> Cleaning/Maintenance | <input type="checkbox"/> Senior Programs |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Aquatics |
| <input type="checkbox"/> Family Recreation | <input type="checkbox"/> Youth Events | <input type="checkbox"/> Social Activities |
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Sports | <input type="checkbox"/> Personal Fitness |
| <input type="checkbox"/> Volunteerism | <input type="checkbox"/> Teen Activities | <input type="checkbox"/> Nutrition Counseling |
| <input type="checkbox"/> Strength Training | <input type="checkbox"/> Board Member | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Parent/Child Programs | <input type="checkbox"/> Summer Camp | |