

YMCA OF SAN DIEGO COUNTY CODE OF CONDUCT

The YMCA of San Diego County is dedicated to providing a safe and welcoming environment for all its members and guests. To promote safety, all individuals are asked to act appropriately at all times within our facility or when participating in our programs. We expect persons using the Y to act maturely, to behave responsibly, and to respect the rights and dignity of others. The actions listed below are not an all-inclusive list of behaviors considered inappropriate in our facilities programs.

- Using or possessing illegal chemicals on YMCA property, in YMCA vehicles, or at Y-sponsored programs
- Smoking on YMCA property
- No pets are allowed on Y property unless they are "working" dogs to assist members
- Carrying a concealed weapon or any device or object that may be used as a weapon
- Harassment or intimidation by words, gestures, body language, or any type of menacing behavior
- Physical contact with another person in an angry, aggressive, or threatening way
- Verbally abusive or offensive behavior—including angry or vulgar language, swearing name-calling or shouting
- Sexually explicit conversation or behavior; any sexual contact with another person
- Inappropriate, immodest, or sexually revealing attire
- Theft or behavior that results in the loss or destruction of property
- Loitering on YMCA property
- Cell phone photography or unauthorized photography of facilities, members or participants

The YMCA of San Diego County reserves the right to deny access or membership to any person who has been convicted of any crime involving sexual abuse, is or has been a registered sex offender, has ever been convicted of any offense relating to the use, sale, possession, or transportation of narcotics, or habit forming and/or dangerous drugs, chemicals, narcotics or intoxicating beverages. Members and guests are encouraged to take responsibility for their comfort and safety. Anyone who feels uncomfortable in confronting a person directly should report the behavior to a staff person or Manager on Duty. Suspension or termination of YMCA membership privileges may result if the Executive Director determines that a violation of the Code of Conduct has occurred.

Primary Adult Signature _____ Date _____

Additional Signature _____ Date _____

Additional Signature _____ Date _____

Additional Signature _____ Date _____

Additional Signature _____ Date _____

Our Mission:
The YMCA of San Diego County is dedicated to improving the quality of human life and to helping all people realize their fullest potential as children of God through the development of the spirit, mind and body.



Membership Application YMCA OF SAN DIEGO COUNTY

MEMBER ID # _____

MEMBERSHIP TYPE: _____

PRIMARY MEMBER	First Name	MI	Last Name	Home Branch
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PRIMARY MEMBER INFORMATION		HOUSEHOLD MEMBERS (FIRST, MI, LAST)			
Street Address		1	Additional Member	Date of Birth	M/F
Apt. Number or PO Box	City	2	Additional Member		
State	Zip	3	Additional Member		
Home Phone Number	Cell Phone Number	4	Additional Member		
Date of Birth (MM/DD/YY)	Male/Female	5	Additional Member		
Email Address		6	Additional Member		
Primary Place of Employment		Primary Language			

EMERGENCY INFORMATION	Emergency Contact Name (First, Last)	Relationship	Emergency Phone Number
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First Name:

HOW DID YOU HEAR ABOUT THIS YMCA? (Please check the primary method)			
Radio	Email	Friend/Family	
Television	Newspaper/Magazine	Medical Referral	
Billboard	Place of Employment	Insurance Company	
Drive By/Live in Area	Current YMCA Member	Website	
Direct Mail	Former YMCA Member	Social Media	

MEMBER REFERRAL NAME: _____

DEMOGRAPHIC CHART (Please check all that apply)			
White (non-Hispanic /Latino)	American Indian/Alaska Native	Black or African American	Two Or More Races
Hispanic/Latino	Asian	Native Hawaiian or Pacific Islander	I Decline To Answer

Last Name:

WHAT ARE YOU OR YOUR FAMILY'S AREAS OF INTEREST? (Check all that apply)		
Aquatics	Fitness Center	Senior Programs
Camp: Day/Resident	Group Exercise	Group Cycling
Cardiovascular Activity	Nutrition	Social Activities
Child Care	Parent/Child Programs	Sports
Family Recreation	Personal Training	Teen Activities

WHAT STATEMENT BEST DESCRIBES YOUR CURRENT ACTIVITY LEVEL?			
I am starting to exercise for the first time	I have been an on again/off again exerciser	I exercise on a regular basis and would like some assistance	I exercise on a regular basis and do not require assistance



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FOR MINORS

Name of Minor(s) _____

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above in any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby:

1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document.
2. Except for YMCA's gross negligence or willful misconduct I release the YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me or the above said minor, for any loss or damage to property or injury or death to person, whether said damage or injury results from conditions arising upon the YMCA facilities or arising out of or in connection with YMCA programs or activities. YMCA shall not be liable for any damages arising from any act or neglect of any other member, occupant or user of the YMCA premises or participant in YMCA programs or activities. I agree that the above said minor assumes full responsibility for, and risk of, bodily injury, death or property damage except caused or due to the gross negligence or willful misconduct of the YMCA.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and except for YMCA's gross negligence or willful misconduct, I will indemnify, protect, defend and hold harmless the YMCA and its Releasees from and against any and all claims and/or damages, liens, judgments, penalties, attorneys' and consultants' fees, expenses and/or liabilities arising out of, involving, or in connection with, the YMCA membership, use of YMCA facilities and/or participation in YMCA programs by me, the above said minor or any other person. If any action or proceeding is brought against YMCA by reason of any of the foregoing matters, I shall upon notice defend the same at my expense by counsel reasonably satisfactory to YMCA and YMCA shall cooperate with me in such defense. YMCA need not have first paid any such claim in order to be defended or indemnified.
4. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Parent/Legal Guardian Signature _____ Date _____

YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FOR ADULTS

Name of Adult(s) _____

In consideration of being permitted to enter the YMCA for any purpose including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned hereby agrees to the following:

1. I acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purpose intended and (iv) I voluntarily sign this document.
2. Except for YMCA's gross negligence or willful misconduct I release the YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether said damage or injury results from conditions arising upon the YMCA facilities or arising out of or in connection with YMCA programs or activities. YMCA shall not be liable for any damages arising from any act or neglect of any other member, occupant or user of the YMCA premises or participant in YMCA programs or activities. I assume full responsibility for, and risk of, bodily injury, death or property damage except if caused or due to the gross negligence or willful misconduct of the YMCA.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and except for YMCA's gross negligence or willful misconduct, I will indemnify, protect, defend and hold harmless the YMCA and its Releasees from and against any and all claims and/or damages, liens, judgments, penalties, attorneys' and consultants' fees, expenses and/or liabilities arising out of, involving, or in connection with, the YMCA membership, use of YMCA facilities and/or participation in YMCA programs by me, or any other person. If any action or proceeding is brought against YMCA by reason of any of the foregoing matters, I shall upon notice defend the same at my expense by counsel reasonably satisfactory to YMCA and YMCA shall cooperate with me in such defense. YMCA need not have first paid any such claim in order to be defended or indemnified.
4. I assume full responsibility for, and risk of bodily injury, death or property damage due to the negligence of Releasees or otherwise.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Adult Name (print) _____ Adult Signature _____ Date _____

Adult Name (print) _____ Adult Signature _____ Date _____

Photographic Waiver/Consent

I, _____ give my permission to the YMCA of San Diego County (YMCA) to use my picture or other likeness, or a picture or other likeness of any of my children, specifically, _____, in the YMCA's general publicity and campaign materials.

Signature _____ Date _____

BANK DRAFT AUTHORIZATION

I (We) hereby authorize the YMCA of San Diego County, YMCA, to initiate debits to the BANK indicated below,

Name on Card: _____

_____ Credit Card # _____ Exp. Date _____ OR ATTACH VOIDED CHECK

Initial _____

_____ This authority is to remain in full force and effect until the YMCA has received written notification of cancelation and/or modification 10 days prior to draft date, or until the YMCA has sent 10 day notification to me regarding termination of this agreement.

_____ I understand that bank drafts occur on the 10th or 25th for checking accounts and the 15th for credit card accounts, and that it is my responsibility to check my monthly statement and report any corrections immediately to the YMCA. A \$10 service fee will be applied for all accounts returned/unpaid, closed, or payment stopped.

_____ I understand I must bring my membership card each time I visit the YMCA and swipe it to gain access. Replacement cards are \$10 if my card is lost or misplaced.

_____ I understand that my YMCA membership can be put on "hold" for short term illness or vacation (3 month maximum) for a \$10 a month fee with written notice submitted 10 days prior to draft date. I also understand that the YMCA does not provide accident or medical insurance. To my knowledge I am in good health and use these facilities at my own risk.

Primary Adult Signature _____ Date _____ Second Adult Signature _____ Date _____

OPPORTUNITIES TO GIVE

The Y is a nonprofit, cause-driven organization. We count on the generosity of our members and community to help people of all ages and from all walks of life, be healthy, confident, connected, and secure – no matter their ability to afford programming. When you give to the Y, your tax-deductible gift will have a meaningful impact on the life of a family in your neighborhood.

o YES! I would like to make a donation to the YMCA's Annual Campaign

- o Please add \$ _____ to my monthly bank draft (Note: A \$10 monthly draft= \$120 donation for the year, which will send one child to summer camp)
- o I would like to make a one-time donation of \$ _____ to be added to my next bank draft.

VOLUNTEER OPPORTUNITIES

There are many ways to become involved with the YMCA of San Diego County. Volunteers are an important part of our success. From assisting in children's programs, fundraising, committee work and more, volunteers are able to benefit from a meaningful experience. If you're interested, please let us know.

o YES! I'm interested in volunteer opportunities!

Please contact me! Hours/Days available to volunteer _____

My areas of interest are (Please check all that apply):

<input type="checkbox"/> Aquatics	<input type="checkbox"/> Senior/Active Adults	<input type="checkbox"/> Youth In Government
<input type="checkbox"/> Child Care/Education	<input type="checkbox"/> Social Services	<input type="checkbox"/> Other (please write in spaces below)
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Special Events	
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Sports (Adult)	
<input type="checkbox"/> Health & Fitness	<input type="checkbox"/> Sports (Youth)	
<input type="checkbox"/> Resident Camps	<input type="checkbox"/> Teen Programming	

FOR OFFICIAL USE ONLY:

Date: _____ Received By: _____ Membership Type: _____ Monthly Dues: _____ Promo: _____

Financial Assistance: _____ Member Services Staff: _____ Receipt # _____ Draft Info Entered By: _____

Comments/Special Notes:

