

1 Primary Applicant Information

First Name: _____ MI _____ Last Name: _____

Birth Date: _____ Gender: ☐ M ☐ F

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (_____) _____ Other Phone: (_____) _____

Email: _____

Employer: _____ Work Phone: (_____) _____

Emergency Contact: _____ Phone: (_____) _____

2 All Persons Living In This Household

Place a check mark for each family member applying for assistance.

<input type="radio"/> Adult	DOB	Gender <input type="radio"/> M <input type="radio"/> F
<input type="radio"/> Adult	DOB	Gender <input type="radio"/> M <input type="radio"/> F
<input type="radio"/> Adult	DOB	Gender <input type="radio"/> M <input type="radio"/> F
<input type="radio"/> Child	DOB	Gender <input type="radio"/> M <input type="radio"/> F
<input type="radio"/> Child	DOB	Gender <input type="radio"/> M <input type="radio"/> F
<input type="radio"/> Child	DOB	Gender <input type="radio"/> M <input type="radio"/> F
<input type="radio"/> Child	DOB	Gender <input type="radio"/> M <input type="radio"/> F
<input type="radio"/> Child	DOB	Gender <input type="radio"/> M <input type="radio"/> F
<input type="radio"/> Child	DOB	Gender <input type="radio"/> M <input type="radio"/> F

OFFICE USE ONLY

Date Reviewed: _____

Approved: ☐ Y ☐ N

Membership Type: _____

% Reduction: _____

Enrollment Fee: _____

Monthly & Annual Fee: _____

Expiration Date: _____

Current Balance: _____

Program Aid: _____

3 Provide Qualifying Documents

I RECEIVE ONE OR MORE of the following forms of assistance:

☐ TANF

☐ Medicaid

☐ HIP

☐ CHIP

☐ SS Disability

☐ SNAP

I am supplying documentation of assistance to be eligible for a 50% scholarship.

or

I FILED FEDERAL TAXES FOR LAST YEAR

☐ I am an individual filing jointly; I am providing ONE 1040 form.

☐ We filed more than ONE tax form in our household; we are providing _____ 1040 forms.

\$ _____

TOTAL ANNUAL HOUSEHOLD INCOME

or

I DID NOT FILE FEDERAL TAXES FOR LAST YEAR or MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR

☐ Documents showing most recent 30 days of income (including pay stubs or documentation of government assistance)

\$ _____ x 12 =

\$ _____

TOTAL ANNUAL HOUSEHOLD INCOME

4 Please Read And Sign The Following

This is a release – Please read carefully before signing.

I, the undersigned, being over the age of 18, in consideration of being permitted to utilize the facilities, services, and programs of the Young Men’s Christian Association of Muncie, IN, Inc. (hereinafter referred to as “YMCA”), or the use by any child or children of mine, as a spectator or participant in any on-site or off-site program, or the use of any facilities or equipment, hereby forever release, waive, acquit, discharge and agree to hold strictly harmless the YMCA, its agents, employees, and liability arising out of or claimed to have been incurred or sustained by the undersigned, or any children of the undersigned, while the undersigned or such child is in, at, upon or about the premises or while engaged in any activity within any of the facilities, or participating in any program, or using any equipment, owned, operated, maintained, or affiliated with the YMCA.

By signing this agreement I agree to abide by the YMCA’s Code Of Conduct. I acknowledge that it is the policy of the YMCA to deny membership to individuals convicted of a sexual offense and that the YMCA checks its membership records for convictions.

Medical Authorization

In the event of an emergency, I hereby authorize and give permission to any physician, hospital, or other healthcare provider as may be designated by the YMCA, in its discretion, to transport, treat, hospitalize, provide emergency medical treatment for, and to order, authorize and administer injection(s), anesthesia or surgery for the minor child named herein below.

Signature of Participant/Parent _____

Date _____

Name of Child/Minor _____