

YWCA Greenwich Full Membership Form

Name: _____ Male or Female _____

Home Address: _____

City/State/Zip: _____

Email Address: _____ Birth Date: _____

Telephone: (H) _____ (W) _____ (C) _____

Occupation: _____ Employer: _____

Business Address: _____

Spouse's Occupation: _____ Spouse's Employer: _____

Spouse's Business Address: _____

Please circle your Membership category:

Category	Initiation Fee	Monthly Dues	Initial Payment
Adult	\$100	\$80	\$260
Family (see reverse side)	\$100	\$140	\$380
Senior (62+)	\$100	\$65	\$230
Senior Couple (both 62+)	\$100	\$105	\$310
Student (full-time, 15 - 23)	\$100	\$30	\$160
Au Pair	\$100	\$35	\$170

Senior and Student members must present identification.

Monthly Draft Billing Authorization

For a checking account draft, attach a voided check; for credit card draft, complete the following information.

Name on Credit Card: _____ *Visa or MasterCard*

Account Number: _____ Expiration Date: _____

I request that my applicable fees due the YWCA of Greenwich be debited from the above account. This authorization for automatic debit remains in effect until I cancel in writing. I understand that the YWCA of Greenwich reserves the right to alter membership fees as it deems necessary and that membership fees are non-refundable. **Please initial:** _____
I understand that my participation will continue beyond 12 months until I cancel in writing at least 30 days prior to my next scheduled monthly debit. If I cancel prior to one year, I agree to pay in full all unpaid dues. I acknowledge that I have read and will comply with the rules and regulations of this contract. **Please initial:** _____ My presence at the YWCA constitutes permission for the YWCA of Greenwich to use a photograph of me taken on the premises for public relations or promotional purposes. **Please initial:** _____

In case of an emergency, who should we call?

Emergency Contact's Person: _____ Relationship: _____

Emergency Contact's Telephone Number: _____

**** Please also complete the reverse side of this page. ****

YWCA Greenwich Full Membership Form - continued

For a Family membership, please complete the following information:

Spouse's Name: _____ Date of Birth: _____ Male or Female _____

Child's Name: _____ Date of Birth: _____ Male or Female _____

Child's Name: _____ Date of Birth: _____ Male or Female _____

Child's Name: _____ Date of Birth: _____ Male or Female _____

Par-Q and You -- Physical Activity Readiness Questionnaire

Regular physical activity is fun and healthy and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming more physically active.

If you are planning to become more physically active than you are now, start by answering the questions below. If you are between the ages of 15 and 69, this questionnaire will tell you if you should check with your doctor before you begin. If you are over 69 years of age, and you are not used to be very active, check with your doctor. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, speak with your doctor before you start becoming more physically active.

Common sense is your best guide when answering these questions. Please read the questions carefully and answer each one honestly by circling YES or NO.

- | YES | NO | |
|-----------------------------|--------------------------|--|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Are you aware of any heart condition that you may have? |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Do you feel pain in your chest when you do physical activity? |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | In the past month, have you had chest pain when you were not doing physical activity? |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Do you lose your balance because of dizziness or do you ever lose consciousness? |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | Do you have a bone or joint problem, such as back, knee or hip that could worsen by physical activity? |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | Is your doctor currently prescribing medication, such as water pills, for blood pressure or heart condition? |
| 7. <input type="checkbox"/> | <input type="checkbox"/> | Do you know of any other reason why you should not do physical activity? |

If you answered YES to one or more questions ... please speak with your doctor by phone or in person BEFORE you begin additional physical activity. Explain to your doctor about these questions and which one(s) you answered yes.

If you honestly answered NO to all of these questions, you can be reasonably sure that you can start becoming more physically active by beginning slowly and gradually building up.

This is the safest and easiest way to go. You can now take part in a fitness appraisal which is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

You should delay becoming more active if you are not feeling well due to temporary illness.

If you are or may be pregnant, please speak with your physician prior to beginning any new activity.

Please be aware that if your health changes so that you can then answer YES to any of the above questions, you should speak to your physician.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction. I also understand that this physical activity clearance is valid for a maximum of 12 months from the date below and will become invalid if my condition changes in order for me to answer YES to any of the questions above.

Signature: _____

Date: _____