

MEMBER INFORMATION

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.



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

FOR ADULT PARTICIPANTS

First Name	MI	Last Name	Suffix
Preferred Name		Birth Date (mm/dd/yyyy)	
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:	
Ethnicity:			
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Asian	
<input type="checkbox"/> White		<input type="checkbox"/> Native American or Alaska Native	
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Two or More Races	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Other:	
Primary Email		<input type="checkbox"/> Personal email <input type="checkbox"/> Family email	
Secondary Email		<input type="checkbox"/> Personal email <input type="checkbox"/> Family email	
Primary Phone () - <input type="checkbox"/> Mobile		Secondary Phone () - <input type="checkbox"/> Mobile	
Address			Unit #
City		State	Zip
Job Title		Company	
Spouse First Name		Spouse Last Name	

FOR CHILD PARTICIPANTS

First Name	MI	Last Name	Suffix
Preferred Name		Birth Date (mm/dd/yyyy)	
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:	
Ethnicity:			
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Asian	
<input type="checkbox"/> White		<input type="checkbox"/> Native American or Alaska Native	
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Two or More Races	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Other:	
Parent/Guardian First Name		Parent/Guardian Last Name	
Child's Email		<input type="checkbox"/> Personal email <input type="checkbox"/> Family email	
Parent/Guardian Email		<input type="checkbox"/> Personal email <input type="checkbox"/> Family email	
Child's Phone () - <input type="checkbox"/> Mobile		Parent/Guardian Phone () - <input type="checkbox"/> Mobile	
Address			Unit #
City		State	Zip
School Name			Grade

YOUR YMCA EXPERIENCE

Areas of Interest (choose up to four):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Group Exercise | <input type="checkbox"/> Personal Training | <input type="checkbox"/> Senior activities |
| <input type="checkbox"/> Camp | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Social events | <input type="checkbox"/> Teen activities |
| <input type="checkbox"/> Family Programs | <input type="checkbox"/> Licensed Child Care | <input type="checkbox"/> Sports: Adult/Youth | <input type="checkbox"/> Volunteering |

My/Our health and wellness goals include: (choose up to four):

- | | | | |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Balance | <input type="checkbox"/> Flexibility | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Strength |
| <input type="checkbox"/> Cardio | <input type="checkbox"/> Health Maintenance | <input type="checkbox"/> Time with family | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Core Stability | <input type="checkbox"/> Mind/Body | <input type="checkbox"/> Social activity | <input type="checkbox"/> Other: |

I would describe my/our exercise habits as: Getting started On and off Consistent Elite

How did you hear about the YMCA?

Name of Member who Referred You

Their Phone () -

EMERGENCY CONTACTS

1. First Name	1. Last Name
1. Relationship	1. Phone () - <input type="checkbox"/> Mobile
2. First Name	2. Last Name
2. Relationship	2. Phone () - <input type="checkbox"/> Mobile