YMCA OF GREATER ERIE

Join Date: _____
Payment: _____
Exp. Date: _____
Staff Initials: _____
Copy of ID: Y / N

TEEN CENTER

MONTHLY MEMBERSHIP APPLICATION

ID Number: _____ Type of Membership (CODE): _____

NAME: _____ **BIRTH DATE**: ____/____/_____
LAST FIRST MI MM DD YYYY

ADDRESS: _____

CITY: _____ **STATE**: _____ **ZIP**: _____

HOME PHONE: (____) _____ - _____ **CELL PHONE**: (____) _____ - _____

SCHOOL: _____

GRADE: _____ **SCHOOL YEAR**: _____

PARENT/GUARDIAN E-MAIL ADDRESS: _____

EMERGENCY CONTACT: _____
Name (First & Last) *Relationship*

PHONE NUMBER: (____) _____ - _____ **CELL PHONE:** (____) _____ - _____

FIRST JOIN THE YMCA TEEN CENTER: ☐ 2014 ☐ 2015 ☐ 2016 ☐ NEW 2017

AREA OF INTEREST / SKILLS:

☐ Music ☐ Art ☐ Fitness ☐ Social Media ☐ Photograph ☐ Video

☐ Nutrition ☐ Office / Organization ☐ Computers ☐ Health Care ☐ Sports

☐ Other: _____

ANY MEDICAL CONDITIONS THAT WE NEED TO BE AWARE OF:

☐ Asthma / Breathing Disorder ☐ Mentally Impaired ☐ Epilepsy / Seizure Disorder

☐ Diabetes: _____ ☐ Blood Disorders: _____ ☐ Food Allergy: _____

☐ Drug Allergy: _____ ☐ Heart Condition: _____

☐ Other: _____

I give content that any photographs, videos, etc. of my family or myself may be used in promotional material such as brochures, banners, or newspaper releases. I understand that I will not be given notice or reimbursed for such photographs.

_____ _____
Signature of Applicant of Parent / Guardian Date

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The YMCA Teen Center gets funding by many different groups and organizations and the following questions are used for funding and grants purposes ONLY.

If you are receiving a <u>FREE membership</u> under the CDGB these questions MUST be completed.

RACE: ***<u>CHECK ALL THAT APPLY</u>***

☐ Black / African American ☐ American Indian / Alaska Native ☐ Pacific Islander

☐ White / Caucasian ☐ Hispanic / Latino ☐ Asian ☐ Unknown

☐ Other: _____

ETHNICITY: ☐ Hispanic ☐ Non- Hispanic

TEENS GENDER: ☐ Male ☐ Female

HOUSEHOLD TYPE: ☐ Single Parent ☐ Two (2) Parent Home

HEAD OF HOUSEHOLD: ☐ Male ☐ Female

NUMBER IN HOUSEHOLD: ☐ 2 ☐ 3 ☐ 4 ☐Other: _____

LIST NUMBER IN HOUSEHOLD

INCOME LEVEL: *Please use the box that matches the number in your household.*

2 Person Household	3 Person Household	4 Person Household	5 Person Household
☐ $0 to $1,390	☐ $0 to $15,650	☐ $0 to $17,350	☐ $0 to $18,750
☐ $1,391 to $23,200	☐ $15,651 to $26,100	☐ $17,351 to $28,950	☐ $18,751 to $31,300
☐ $23,201 to $27,840	☐ $26,101 to $31,320	☐ $28,951 to $34,740	☐ $31,301 to $37,560
☐ $27,841 to $37,050	☐ $31,321 to $41,700	☐ $34,741 to $46,300	☐ $37,561 to $50,050
☐ $37,051 & Above	☐ $41,701 & Above	☐ $46,301 & Above	☐ $50,051 & Above

6 Person Household	7 Person Household	8 Person Household
☐ $0 to $20,150	☐ $0 to $21,550	☐ $0 to $22,950
☐ $20,151 to $33,600	☐ $21,551 to $35,900	☐ $22,951 to $38,250
☐ $33,601 to $40,320	☐ $35,901 to $43,080	☐ $38,251 to $45,900
☐ $40,321 to $53,750	☐ $43,081 to $57,450	☐ $45,901 to $61,150
☐ $53,751 & Above	☐ $57,451 & Above	☐ $61,151 & Above

_____ _____

Signature of Applicant of Parent / Guardian Date