

UFH/Community YMCA of Reading & Berks County Physician Referral Authorization

Patient is cleared for unsupervised exercise. (Please check box if accurate.)

Precautions/limitations/special conditions we should be aware of:

Patient Information:

Name: _____

Phone: _____ Date of Birth: _____/_____/_____

I authorize the YMCA of Reading & Berks County to share monthly scan reports with Unite for HER in order to remain eligible for UFH funding. Initial here to acknowledge: _____

Physician/Medical Provider Information:

Name (print): _____

Signature: _____

Date: _____ Phone: _____

Offer includes YMCA 6-month individual membership.

- Please select a YMCA location on the participating branch list that is most convenient for you.
- Be sure to mention you are a Unite for HER participant and bring identification to your first visit.
- You must use the facility at least four times a month in order to keep the membership active.
- If you have questions regarding this program, please contact Unite for HER at info@uniteforher.org.

Please email this this completed form to Alyssa Bushkie, Director of Operations, at abushkie@ymca-berkscounty.org to initiate your membership. We are looking forward to having you as a part of our YMCA of Reading & Berks County family.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Participant:

The YMCA of Reading & Berks County is looking forward to having you join our YMCA family! Each Unite for HER participant will receive a six-month YMCA individual membership.

To initiate your membership, please complete the following steps:

- Complete the physician referral authorization and YMCA membership application.
- Scan and email both documents to Alyssa Bushkie, Director of Operations, at abushkie@ymca-berkscounty.org or drop off the documents at the YMCA branch of your preference.
- Once the documents are received, you will receive an email to confirm that your membership is now active. Please read the email for information on your first YMCA visit.

Please contact Alyssa Bushkie, Director of Operations, at abushkie@ymca-berkscounty.org or 610-378-4710, if you have any questions about getting started.

See you at the Y!

Sincerely,

Your new friends at the YMCA of Reading & Berks County

LOCATIONS

Reading Branch

631 Washington Street
Reading, PA 19601
610-378-4700

Sinking Spring Branch

4920 Penn Avenue
Sinking Spring, PA 19608
610-678-0484

Tri Valley Branch

607 Crisscross Road
Fleetwood, PA 19522
610-944-6515

Tamaqua Branch

1201 E. Broad Street
Tamaqua, PA 18252
570-668-2903

Adamstown Branch

71 E. Main Street
Adamstown, PA 19501
717-484-4996

Mifflin Area Branch

140 Chestnut Street
Mohnton, PA 19540
610-750-5036





APPLICATION FOR MEMBERSHIP

UNITE FOR HER

Date: _____

Staff Initial: _____

The YMCA is a membership organization open to all. Everyone is welcome to apply regardless of race, religion, age, gender, sexual orientation, national origin, economic level or disability. If you can't afford the full cost of membership, Financial Assistance is available to the extent possible. Please ask for a confidential Financial Assistance application. Participants needing other accommodations should contact their local YMCA.

MEMBERSHIP TYPE					
Choose Membership Type: <input checked="" type="checkbox"/> Unite for Her—6 month membership					
Choose Membership Category: <input type="checkbox"/> Youth <input type="checkbox"/> Student <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Family <input type="checkbox"/> Senior <input type="checkbox"/> Senior Family <input type="checkbox"/> Health Center					
Choose Membership Branch: <input type="checkbox"/> Adamstown <input type="checkbox"/> Mifflin <input type="checkbox"/> Reading <input type="checkbox"/> Sinking Spring <input type="checkbox"/> Tri Valley <input type="checkbox"/> Tamaqua					
PRIMARY MEMBER (Parent or guardian for applicants under 18 years of age)					Check ID <small>Staff Only</small>
First Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Other		MI	Last Name		Date of Birth
Home Address			Apt	City	State
Phone			Email		
Insurance Carrier				Policy #	
Employer Name		Business Address			Business Phone
Ethnicity <input type="checkbox"/> Caucasian / White <input type="checkbox"/> African American / Black <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Asian American <input type="checkbox"/> Native American / Pacific Islander <input type="checkbox"/> Other					
Have you been a YMCA Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you interested in Volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact First Name		Last Name		Phone Number	Relation to Emergency Contact

To initiate your membership, please complete the following steps:

- Complete the physician referral authorization and this YMCA membership application.
- Scan and email both documents to Alyssa Bushkie, Director of Operations, at abushkie@ymca-berkscounty.org or drop off the documents at the YMCA branch of your preference.
- Once the documents are received, you will receive an email to confirm that your membership is now active. Please read the email for information on your first YMCA visit.

TERMS AND CONDITIONS

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

I agree to abide by the rules and regulations of the YMCA, which are designed for the enjoyment of all its members. The protection of members and guests who are utilizing the YMCA is of paramount concern to the YMCA. We reserve the right to deny access of membership to any person whose behavior is determined to be in conflict with the welfare and safety of other members and/or staff. This includes a person who is a registered sexual offender; has plead guilty to or been convicted of any crime involving sexual abuse; or a crime against persons such as a child, spousal or parental abuse. It will also include any offense related to the sale or transportation of illegal, habit forming or dangerous drugs; is presently clearly under the influence of intoxicating beverages or behavior modifying drugs. This code of conduct does not permit language or any action that can hurt or frighten another person or that falls below a generally accepted standard of conduct. This includes inappropriate attire, angry or vulgar language, physical contact with another person in an angry or threatening way, any demonstration of sexual contact or activity, harassment or intimidation by words, gestures, body language or any other menacing behavior, theft or behavior resulting in destruction of property. Parents are held responsible for the behavior of their children.

INFORMED CONSENT/LIABILITY WAIVER AGREEMENT

I/We, the undersigned, realize that there may be medical risks associated with physical exercise, the use of this facility, or use of equipment within the facility. I/We also recognize that the YMCA cannot evaluate my/our physical abilities and medical limitations as they pertain to participation in programs, to use the facilities, or use of equipment within the facility. I/WE THEREFORE ASSUME ALL RESPONSIBILITY FOR HAVING A THOROUGH MEDICAL EXAMINATION PERFORMED, BY A MEDICAL PRACTICIONER OF MY/OUR CHOICE, BEFORE PARTICIPATING IN ANY PROGRAMS AND PRIOR TO USING THE FACILITIES OR EQUIPMENT WITHIN YMCA FACILITIES.

Furthermore, in consideration of my/our participation in the activities of the YMCA and its respective officers, employees and members, including but not limited to its or their own negligence, and do hereby for myself/ourselves, heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I/We may have or which may hereafter accrue to me arising out of or connected with my participation in any of the activities of the YMCA, use of its facilities, or use of equipment within its facilities; provided, however, that the hold harmless agreement, and waiver, release and discharge contained in this paragraph shall not apply to my/our participation in any of YMCA's childcare services.

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of YMCAs of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

I, the undersigned, have read, understand and agree to the above.

Signature of applicant

Date

PHOTO RELEASE:

I consent to the taking and use of still photography and/or motion pictures of me or my family for use of magazines, television, newspapers, etc. and to the non-commercial use of such photographs or motion pictures. I understand that the YMCA has no control over and is not responsible for the content in such publications and broadcasts.

I hereby waive payment or royalties for the exhibition or showing of photographs or motion pictures and/or the use of information provided by me. The YMCA will post signs when professional photographers or TV crews are on site so members have the option to avoid their images being utilized.

Initial

Date

Notes

