

**eliminating racism  
empowering women**



**Black Hawk County**

YWCA Black Hawk County  
425 Lafayette St. Waterloo, IA 50703  
Phone: (319) 234-7589 Fax: (319) 234-3462  
Email: ywca@ywcabhc.org  
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**YOUTH YWCA BLACK HAWK COUNTY MEMBERSHIP APPLICATION**

**CHILD INFORMATION**

Name: First		Middle Initial	Last	Date of Birth:
Current Address:				
City:		State:	Zip Code:	
Gender: M _____ F _____ Non-binary: _____ Rather Not Say: _____	<b>Type of Membership:</b> Child: ____ Adult: ____ Senior: ____ Family: ____ Insurance: ____		<b>Ethnicity:</b> 1) African American/Black 2) Arab/Middle Eastern 3) Asian/South Asian/Asian American 4) Latina(o)/Hispanic 5) Alaskan Native/Native American 5) White/Caucasian 6) Hawaiian Native/Pacific Islander 7) Biracial/Multicultural 7) Other/N/A	

**PARENT/GUARDIAN 1 INFORMATION**

Name: First		Middle Initial	Last	Date of Birth:
<input type="checkbox"/> Address Is Same As Above.	Current Address:			
City:		State:	Zip Code:	
Phone:	Cell Phone:	Email:		
Gender: M _____ F _____ Non-binary: _____ Rather Not Say: _____				
Ethnicity:				
Level of Education (please circle): High School/GED Associate's Bachelor's Masters Doctorate				
Employer:				

**PARENT/GUARDIAN 2 INFORMATION**

Name: First		Middle Initial	Last	Date of Birth:
<input type="checkbox"/> Address Is Same As Above.	Current Address:			
City:		State:	Zip Code:	
Phone:	Cell Phone:	Email:		
Gender: M _____ F _____ Non-binary: _____ Rather Not Say: _____				
Ethnicity:				
Level of Education (please circle): High School/GED Associate's Bachelor's Masters Doctorate				
Employer:				

## YOUTH YWCA BLACK HAWK COUNTY MEMBERSHIP APPLICATION

**PLEASE LIST ALL OTHER INDIVIDUALS THAT LIVE IN YOUR HOUSEHOLD**  
 For additional people living in household, please fill out an additional sheet

First Name	Middle Initial	Last Name	Birth Date	Gender	School	Grade	Relationship	Race/Ethnicity
				M ___ F ___ Other ___			Child ___ Other ___	
				M ___ F ___ Other ___			Child ___ Other ___	
				M ___ F ___ Other ___			Child ___ Other ___	

### ADDITIONAL INFORMATION

<p><b>Please Check the Combined Income for ALL Household members:</b></p> <p>___ Less than \$10,000     ___ \$50,000 - \$74,999</p> <p>___ \$10,000 - \$14,999     ___ \$75,000 - \$100,000</p> <p>___ \$15,000 - \$24,999     ___ \$100,000 - \$149,999</p> <p>___ \$25,000 - \$34,999     ___ Over \$150,000</p> <p>___ \$35,000 - \$49,999</p>	<p><b>Please Check Type of Household Information:</b></p> <p>Single Parent: (head of household) ___     Single (under 65) ___</p> <p>Two Parents ___     Split Custody ___     Senior ___</p> <p>Relative ___     Other ___</p> <p>Number in Household _____</p>
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### HOW DID YOU HEAR ABOUT US?

\_\_\_ Advertisement (Newspaper, TV, etc.)     \_\_\_ Received a Mailing from YWCA     \_\_\_ Flier or Information from Child's School

\_\_\_ YWCA Brochure/Newsletter     \_\_\_ Internet/YWCA Website     \_\_\_ Social Media (Facebook, Instagram, etc.)

\_\_\_ Your employer, organization or college has a program with the YWCA     \_\_\_ Referred by Another Agency

\_\_\_ Referred by a Professional (Doctor, Therapist)     \_\_\_ Referred by a Friend     \_\_\_ Referred by a Family Member

**If you were referred, who referred you?** \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

<b>First/Last Name:</b> _____	<b>Relationship:</b> _____	<b>Phone Number:</b> _____
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## YOUTH YWCA BLACK HAWK COUNTY MEMBERSHIP APPLICATION

### LIABILITY AND VERIFICATION WAIVER

**By checking these boxes, you are agreeing to the following:**

I have answered all of the above questions to the best of my knowledge. I agree to abide by all YWCA rules, policies, and procedures. I understand that I am voluntarily participating. I hereby waive my right for financial claim against the YWCA, its employees, contractors or consultants, volunteers or any other agents for any injuries or damages which may be incurred as a result of my participation in the programs, activities and/or exercise classes offered by the YWCA.

I understand that membership is nonrefundable.

The YWCA has my permission to take my photograph for use in promotional materials in all internal and external media.

I authorize the verification of the information provided on this form as to my credit and employment.

### SIGNATURE

<b>Signature:</b> _____	<b>Date:</b> _____
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## ADDITIONAL CHILD MEMEBERSHIP INFORMATION

### CHILD INFORMATION

Name: (First) (Middle Initial) (Last) Date of Birth:

Address Is Same As Above. Current Address:

City: State: Zip Code:

Gender: M \_\_\_\_\_ F \_\_\_\_\_

Non-binary: \_\_\_\_\_ Rather Not Say: \_\_\_\_\_

Ethnicity:

- |                                     |                           |
|-------------------------------------|---------------------------|
| 2) African American/Black           | 2) Arab/Middle Eastern    |
| 4) Asian/South Asian/Asian American | 4) Latina(o)/Hispanic     |
| 8) Alaskan Native/Native American   | 5) White/Caucasian        |
| 9) Hawaiian Native/Pacific Islander | 7) Biracial/Multicultural |
| 10) Other/N/A                       |                           |

## ADDITIONAL CHILD MEMEBERSHIP INFORMATION

### CHILD INFORMATION

Name: (First) (Middle Initial) (Last) Date of Birth:

Address Is Same As Above. Current Address:

City: State: Zip Code:

Gender: M \_\_\_\_\_ F \_\_\_\_\_

Non-binary: \_\_\_\_\_ Rather Not Say: \_\_\_\_\_

Ethnicity:

- |                                      |                           |
|--------------------------------------|---------------------------|
| 3) African American/Black            | 2) Arab/Middle Eastern    |
| 5) Asian/South Asian/Asian American  | 4) Latina(o)/Hispanic     |
| 11) Alaskan Native/Native American   | 5) White/Caucasian        |
| 12) Hawaiian Native/Pacific Islander | 7) Biracial/Multicultural |
| 13) Other/N/A                        |                           |

## ADDITIONAL CHILD MEMEBERSHIP INFORMATION

### CHILD INFORMATION

Name: (First) (Middle Initial) (Last) Date of Birth:

Address Is Same As Above. Current Address:

City: State: Zip Code:

Gender: M \_\_\_\_\_ F \_\_\_\_\_

Non-binary: \_\_\_\_\_ Rather Not Say: \_\_\_\_\_

Ethnicity:

- |                                      |                           |
|--------------------------------------|---------------------------|
| 4) African American/Black            | 2) Arab/Middle Eastern    |
| 6) Asian/South Asian/Asian American  | 4) Latina(o)/Hispanic     |
| 14) Alaskan Native/Native American   | 5) White/Caucasian        |
| 15) Hawaiian Native/Pacific Islander | 7) Biracial/Multicultural |
| 16) Other/N/A                        |                           |