



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

# MEMBERSHIP APPLICATION

ID# \_\_\_\_\_

Please only complete information that is applicable to member.

Salutation: \_\_\_\_\_ Dr. \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Miss \_\_\_\_\_ Ms.  
 Legal First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_  
 Employer \_\_\_\_\_ Department / Position \_\_\_\_\_

Other household members on membership			Date of Birth	Gender	Relationship
First Name	Middle Initial	Last Name			

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**It is my understanding that:**

- All joining and membership fees are non-refundable. **Please initial here:** \_\_\_\_\_
- All annual memberships are non-refundable. **Please initial here:** \_\_\_\_\_
- Terminations and changes to monthly memberships require a 15 day written notice. **Please initial here:** \_\_\_\_\_
- I understand I must use my home YMCA 51% of the time. If I consistently do not, I understand my membership will be automatically transferred to the YMCA I am most utilizing and my fee will be adjusted accordingly. **Please initial here:** \_\_\_\_\_
- 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, those included on my membership, and my guests will adhere to the values of the YMCA: caring, honesty, respect, and responsibility while within the YMCA or while participating in any YMCA program. Failure to do so may result in my membership privileges being revoked.
- I understand that any child on this membership must be at least 13 years old to use the facility without adult supervision.
- I understand that any child on this membership age 13 and above must check with the department director prior to using the specific program area.
- Membership cards must be presented at each visit and may not be used by anyone but the member.
- I understand it is my responsibility to contact my physician before beginning any activity. In the event of an emergency, I authorize the YMCA to transport me or my child to the nearest medical facility for emergency treatment.
- I understand that for security reasons the YMCA reserves the right to search the bag, backpack or pocketbook of any individual on our premises to ensure the safety of our members, guests and staff.
- I give my permission to have my or my child's (or anyone listed on this membership) photo taken for YMCA publicity.

In further consideration of being permitted to enter the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any programs affiliated with the YMCA, without respect to location, the undersigned hereby agrees to the following:

1. The undersigned hereby releases, waives, discharges and covenants not to sue the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. The undersigned hereby agrees to indemnify and save and hold harmless the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence or the releasees or otherwise.
3. The undersigned hereby assumes full responsibility for and risk of bodily injury, death, or property damage due to the negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

4. BY PARTICIPATING in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Association 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_