



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

MEMBERSHIP APPLICATION

Primary Adult First Name: _____ MI: _____ Last: _____
 Casual Name: _____ Date of Birth: _____ Gender: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Cell Phone: _____ Home Phone: _____ Work: _____
 Email: _____ Employer: _____
 Emergency Contact First Name: _____ Phone Number: _____

Second Adult First Name: _____ MI: _____ Last: _____
 Casual Name: _____ Date of Birth: _____ Gender: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Cell Phone: _____ Home Phone: _____ Work: _____
 Email: _____ Employer: _____
 Emergency Contact First Name: _____ Phone Number: _____

| Child/Dependent | Gender | DOB |
|-----------------|--------|-----|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

In consideration of participation in the membership and programs of the YMCA and to use its facilities and equipment, in addition to the payment of any fee, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment in the facilities. I do also release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA. I understand that photos and media for any YMCA purpose may be taken. I give my full permission for the use of my/my family's likeness. Refunds of membership dues may only be made when a person cannot participate due to medical illness or when a person moves from the local area to a place where membership privileges are not available. All refunds must be approved by the CEO or Membership Committee.

Office Use Only

Date: _____ Member ID# _____ Rcpt#: _____

- Household
 Adult
 Young Adult
 Youth
 Senior
 Senior Household
 Walking
 Corp

Notes: _____ Staff: _____

Healthways ID: _____ Genesis: _____

Full Pay ___ Epay ___ Pay Deduct ___ Subsidy ___

Signature: _____

Date: _____