



Membership Application

PLEASE THOROUGHLY READ THE FOLLOWING BEFORE COMPLETING THIS APPLICATION

PARTICIPATION AGREEMENT, MEDICAL AUTHORIZATION, RELEASE AND WAIVER OF LIABILITY

I, _____ desire to voluntarily participate in physical activities at the Waldo County YMCA.

Participation Agreement

The YMCA of the USA has instituted the following Core Values:

Caring, Honesty, Respect, and Responsibility

It is the intention of the Waldo County YMCA (WC YMCA) to integrate these core values into our programs and activities. All persons, regardless of age, agree that by becoming members or participating in the WC YMCA activities, they shall abide by all of the by-laws, rules, and regulations of the WC YMCA however or whenever promulgated. I agree that my participation in WC YMCA activities, whether by membership, or other use, may be terminated for reasons stated in the WC YMCA by-laws, rules, and/or regulations.

To that end, and in an effort to promote a safe and caring, yet compassionate environment, we request the following information:

Have you or anyone else included on this membership ever been convicted of a felony offense? _____ If 'yes', please provide specifics (i.e. offense(s), date of conviction(s), etc.).

Medical Authorization

With my signature below, I authorize the employee of the WC YMCA to call emergency medical assistance and/or perform basic first-aid procedures that are necessary in the judgment of the WC YMCA. I understand that I am encouraged to discontinue any activity at any time I feel unable to continue.

Release and Waiver of Liability

I understand that a minimum level of physical fitness is required to participate in these activities and that participation in various physical activities can expose an individual to the risk of serious injury and/or the development of a physical condition, which could result in a serious injury or death.

I appreciate the character of the risks involved with physical activity and exercise. In accepting these risks, I expressly and explicitly release, discharge, and waive any and all responsibility of the WC YMCA and its employees and volunteers of any and all of the foregoing, pursuant to, pertaining to or related to arising from in any manner, personal or property damages which might arise from my participation in physical or non-physical WC YMCA activities.

I HAVE READ THIS PARTICIPATION AGREEMENT, MEDICAL AUTHORIZATION, AND RELEASE AND WAIVER OF LIABILITY, AND I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND CONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAW.

Member/Participant Signature _____ **Date** _____

Parent/Guardian Signature (if participant is under age 18 years) _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Please complete the membership information below after reading and accepting the participation agreement on page one.

01-	<i>Annual or Three-Month</i>	(Staff Initials)
Youth	College (w/ ID)	Adult
		Senior (60 and up)
		SP Family
		Family
<i>membership type (circle one)</i>		

Applicant's Name 01/ _____

Address _____

City/Town _____ State _____ Zip Code _____

M F Date of Birth _____ Home Telephone _____

Employer _____ Work Telephone _____ E-Mail _____

Emergency Contact _____ Emergency Telephone _____

(If family membership) Eligible members to be included in this membership.

Cards ordered?	Yes	No
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	<u>Name(s) of Family Members</u>	<u>Date of Birth</u>	<u>M/F</u>
02/adult	_____	_____	_____
03/child	_____	_____	_____
04/child	_____	_____	_____
05/child	_____	_____	_____
06/child	_____	_____	_____
07/child	_____	_____	_____

Paid With Application

\$	+	\$	=	\$
<i>membership</i>		<i>joiner fee</i>		<i>total paid</i>

CASH	CHECK	CREDIT	DEBIT?
			Yes/No
			(circle one)
<i>today's payment method</i>			

It is the financial policy of the Waldo County YMCA to provide quality programs to all, regardless of his or her ability to pay. Those wishing to apply for financial assistance may fill out a confidential application available upon request at the Front Desk at the YMCA facility.

The Waldo County YMCA may, at their discretion, adjust the membership rate applicable to my category of membership. I understand that I will receive four weeks notice prior to any such change.

It is to my complete understanding that if I wish to terminate my membership or change my membership in any way, I must give the Waldo County YMCA 30 days written notice.

My signature below acknowledges that I understand that membership fees are neither refundable nor transferable.

Member Signature _____ Date _____

e-mail: membership@waldocountyyymca.org