



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Office Use Only:

Unit ID: _____

Photo Taken: Y / N Staff Initials: _____

ID verification: _____

Type: Adult College Household Senior Couple Senior Single Parent Youth

Legal Name: _____ Date of Birth: ____/____/____ Gender: M F

Home Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Primary E-mail: _____

Note: Emergency contact should be someone not listed on this paperwork

Emergency Contact: _____ Phone: _____

Second Adult:

Legal Name: _____ Gender: M F

Date of Birth: ____/____/____

Third Adult: Add On Fee Applies

Legal Name: _____ Gender: M F

Date of Birth: ____/____/____

Dependents under the Age of 26:

Legal Name: _____ Gender: M F

Date of Birth: ____/____/____

Legal Name: _____ Gender: M F

Date of Birth: ____/____/____

Legal Name: _____ Gender: M F

Date of Birth: ____/____/____

Legal Name: _____ Gender: M F

Date of Birth: ____/____/____

Legal Name: _____ Gender: M F

Date of Birth: ____/____/____

Legal Name: _____ Gender: M F

Date of Birth: ____/____/____

I authorize my bank to honor the current membership rate and the preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/programs/contribution) payments as indicated below. When the bank honors the EFT /Credit Card by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. If your draft is returned due to non-sufficient funds (NSF) or closed the account on file, or invalid account information you will incur a service fee per account, which will automatically be added onto your membership balance. It is further understood that if such payment is not honored by the bank/credit card institution then the Y at its discretion, may resubmit the amount due for payment of a future date. **This authorization is to remain in effect until the Salt Fork YMCA has received at least 30 days notification prior to the date of the cancellation. This also applies to any changes that are to be made to banks, accounts, or membership type. Changes and/or cancellations will only be accepted in writing.**

Type: Adult College Household Senior Couple Senior Single Parent Youth

Name: _____ Unit ID Number: _____

Transaction Date: _____ 1st _____ 15th

Add On Fees:

Adult Add- On Fee: _____ Adult Add-On Fee: _____ Monthly Locker Rental: _____

Signature of parent/guardian/member (18 years or older) _____
Date

Signature of parent/guardian/member (18 years or older) _____
Date

Signature of parent/guardian/member (18 years or older) _____
Date

Waiver and Release from Liability: Please read and sign below

Liability Waiver: I understand that the Salt Fork YMCA (YMCA) assumes no responsibility for injuries or illness which I may sustain as a result of my physical condition, or resulting from my observation or participation in any activity or use of facilities or equipment used for YMCA activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from my participation in these activities. I hereby release and discharge the Salt Fork YMCA, its agents, servants, and employees from any and all claims of injury, illness, death, loss, or damage which I may suffer as a result of my participation in these activities.

Property Loss: I understand that the YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using YMCA facilities or on YMCA program premises

Photography Permission: I give my permission for the YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my image or voice for purposes of promoting or interpreting YMCA programs.

Insurance: I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all YMCA activities. The YMCA does not provide any accident or health insurance for its participants.

Medical Release: I authorize the YMCA, as my agent, to give consent to surgical or medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician if I cannot be contacted within a reasonable time or otherwise unable to give such consent. I authorize the YMCA to give first aid, CPR, or other treatment by a qualified staff member.

Medical Clearance: If I answer "yes" to any of the following questions, I understand that it is my responsibility to inform the Member Services Staff. *Has a doctor ever informed you that you have high blood pressure? *Have you ever had a heart attack, heart surgery or any type of heart problem? *Do you have any serious orthopedic problem? *Are you pregnant? *Is there any reason why you believe you should not be engaged in exercise?

Acceptance: This waiver and release is given for myself and on behalf of all the minor members of my family listed, if any. I acknowledge the conditions for membership stated above. If any portions of this waiver are held to be invalid I agree that the remaining terms shall continue to be full legal force and effect. I have read, or have had read to me, and voluntarily sign this waiver and release from liability.

Privileges: The Salt Fork YMCA holds the right to restrict any and all guest pass privileges.

Signature of parent/guardian/member (18 years or older) _____
Date

Signature of parent/guardian/member (18 years or older) _____
Date

Signature of parent/guardian/member (18 years or older) _____
Date