



OT#: _____
Office Use Only

Membership Application

Tenemos empleados que pueden ayudar su inscripcion y su preguntas.

Member Information:

_____ **First Name** _____ **MI** _____ **Last Name**

_____ **Mailing Address** _____ **E-Mail Address**

_____ **City** _____ **State** _____ **Zip**

Gender: M / F Date of Birth ____/____/____ Age ____ Home Phone:(____) ____

Cell Phone:(____) _____ Employer:_____ Work Phone:(____) _____

If Youth Membership, Please Print Parent/Guardian(s) Name(s): _____

School Name Attended by Youth: _____

Emergency Contact Name:_____ Contact Phone Number: (____) _____

Have you or anyone on this application ever been convicted of a sexual offense? Yes No

For Household Memberships Only: List Additional Members:

FIRST NAME	MI	LAST NAME	BIRTH DATE	AGE	GENDER (circle one)	SCHOOL NAME
					M / F	
					M / F	
					M / F	
					M / F	
					M / F	
					M / F	

Membership Option: Basic Triangle

Membership Type: Youth (0-13 years) Teen (14-19 years) Young Adult (20-24 years) Adult (25-61 years) Couple Parent/Children (1 Adult + Dependants) Family (2 Adults + Dependants) Senior (62 +)

Payment Category: Bank Draft Annual 5 Payment Gift Certificate Financial Assistance
 Corporate: _____ Other: _____

Ethnicity: (optional) African American Latino Asian Pacific Islander American Indian
 Caucasian Other: _____

Staff Initials _____

Date _____

Mission Statement: The Yakima Family YMCA seeks to put Christian principles into practice through programs that that build healthy spirit, mind, and body for all.

The Yakima Family YMCA is committed to serving a broad cross section of people in Yakima County, but retains the right to deny a membership and to revoke the membership of any current member or participant at its sole discretion. The applicant acknowledges and understands that: YMCA membership and program fees are not refundable and not transferable to another person and that written notification thirty days prior to the next payment date is required to cancel a membership. The YMCA may periodically check member records for criminal history; the YMCA is not responsible for personal property, lost, damaged, or stolen while using the YMCA facilities or participating in YMCA programs; hereby gives permission for the YMCA to use, without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret YMCA programs; he/she is in physically sound condition and understands that participation in aerobics and other exercise, weight training, recreational sports, and use of pools, steam rooms, Jacuzzi, and fitness equipment carry a potential risk of injuries or illness; the YMCA does not provide any accident or health insurance for its members or participants and further understands it is the applicant's responsibility to provide such coverage. I certify that no individual listed on this application is a registered sex offender. I agree to abide by YMCA policies and procedures.

RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities for equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER YMCA FACILITIES FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF THE FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF HIS OR HER CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands thereof on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
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 or such children 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 of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children to 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.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Washington and that if any portion thereof is held invalid, it is agreed the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Signature of Applicant/Parent

Date