

# South Sound YMCA Program Membership Application



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

The Y is a cause-driven organization that is for youth development, for healthy living and for social responsibility. Membership is open to all. Everyone is welcome to apply regardless of race, religion, age, gender, sexual orientation, national origin, economic level or disability. If you can't afford the full cost of programs, financial assistance is available to the extent possible. Please ask for a confidential scholarship application. Participants needing other accommodation should contact Y management.

**Primary Member Information (if program participant is under 18 years of age, list parent/guardian as primary)**

Name: \_\_\_\_\_  
First MI Last

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  Other Ethnic Origin \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell/Other Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

**Youth Member Information (if program participant is 18 years of age or older, a separate application is required)**

Name (First, MI , Last)	Date of Birth	Age	Gender	Ethnic	Relationship
	____/____/____				
	____/____/____				
	____/____/____				
	____/____/____				

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

**Conditions of Membership:**

**Member Conduct:** Applicant agrees to abide by all policies and procedures of the YMCA and its branches and understands that failure to act in accordance with these rules may result in expulsion from the YMCA and revocation of the membership.

**Criminal History:** The applicant acknowledges that the YMCA reserves the right to deny access or membership to any individual convicted of a sexual offense and/or is or has been a registered sex offender.

**Property Loss:** The applicant understands that the YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities or participating in YMCA programs.

**Photograph Permission:** The applicant 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.

**Medical Treatment:** The applicant gives permission for YMCA staff or volunteers to provide emergency medical treatment, and to transport to an emergency center for treatment. Also, the applicant consents to medical treatment deemed immediately necessary or advisable by a physician. The applicant understands any of the foregoing care will be at his/her own expense.

**Concussion Laws:** The YMCA abides by all Washington State Concussion Laws, including removing a player with a head injury from the game, informing parents of the dangers of a head injury, and requiring written consent from a healthcare provider for the player to return to practice and/or games. The applicant understands concussions are serious and if he/she sees or experiences signs or symptoms of a concussion, he/she will seek medical attention and YMCA staff/volunteers will be notified.

**Refund Policy:** Full refunds are only available for requests made in writing prior to the program registration deadline, or a minimum of 7 days prior to the start of the program for program without a deadline. See refund policy for details.

I have read and understand the statements above.

Signature (Parent/Guardian if under 18) \_\_\_\_\_ Printed \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* **TURN FORM OVER—SIGNATURE ALSO REQUIRED ON OTHER SIDE** \*\*\*\*\*

**Member Services Staff Use Only**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  I.D. Checked  Raptor Checked  Waiver Field Populated

Exp. Date:

Member #:

MI:

First Name:

Last Name:

# South Sound YMCA— Release & Waiver of Liability & Indemnity Agreement



IN CONSIDERATION of being permitted to utilize the facilities, premises, 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, premises 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 or 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 THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF PREMISES, FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH 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 therefore 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.

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, premises or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due 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 AND WAIVER OF LIABILITY 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 that 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 WHICH ADDITIONALLY APPLIES TO ALL FUTURE INTERACTIONS WITH THE YMCA.

\_\_\_\_\_  
Signature (Parent/Guardian if under 18)

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Date

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_