



YMEMBERSHIP

We build strong kids, strong families, strong communities.

Application for YMCA Membership ~ ~ Baker County Family YMCA

~ Please P-R-I-N-T neatly ~

First Name _____ MI _____ Last _____ o M o F Birth Date ____ / ____ / ____

2nd Adult First Name _____ MI _____ Last _____ o M o F Birth Date ____ / ____ / ____

Address _____ e-mail Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Your Occupation _____ Employer _____ Phone _____

2nd Adult Occupation _____ Employer _____ Phone _____

Emergency Contact #1 _____ Relationship _____ Phone _____

Emergency Contact #2 _____ Relationship _____ Phone _____

Household Membership Information (List Last Name if Different)

(Household includes those who reside at the same address as the "First Name" listed above)

#	Other Household Member Name(s)	M/F	Birth Date (mo/date/yr)	School	Grade
03			/ /		
04			/ /		
05			/ /		
06			/ /		
07			/ /		
08			/ /		

How did you hear about the Y? o Newspaper o TV o Radio o YMCA Brochure o Y Member o Other: _____

What are you looking to do most at the Y? _____
(e.g. swimming; lift weights; aerobics; youth sports)

The YMCA is a volunteer-driven organization. We utilize volunteers in programs like YMCA Youth Sports, Aquatics, Day Camps, Adult and Family programs and special events. We can certainly use your help.

Would you like a staff member contact you regarding volunteer opportunities at this time? o Yes o No

If yes, what special skills do you have? _____
(e.g. carpenter; coaching; fitness; sports; plumber; aquatics)

In what area(s) are you interested volunteering in? _____
(e.g. youth sports coach, aquatics, special events)

WAIVER/RELEASE The Baker County Family YMCA does not carry accident insurance on its members and participants, nor is it responsible for any thefts or losses of personal properties. On behalf of myself, my dependents and household members, I understand that there are inherent risks involved in any and all activities that the YMCA offers, and I assume those risks, financial responsibilities and any losses and agree to waive, release, indemnify and hold harmless the YMCA and any and all staff, personnel, volunteers, sponsors and other businesses and organizations which may be associated with the YMCA and its programs from any and all claims, expenses, negligence, liabilities and actions which may arise as a result of participation in YMCA programs and activities. I will inform the appropriate YMCA personnel of any limitations I may have or incur which may limit my participation in YMCA activities and/or programs. In the case of a medical emergency, I authorize the YMCA staff, volunteers and personnel to seek appropriate medical action and agree to assume all financial responsibility for the same both now and which may arise in the future. I further give permission to the YMCA to use photos of myself, my dependents and household members for YMCA promotional purposes. I HAVE READ AND FULLY UNDERSTAND THE PRECEDING.

Signature _____ Date _____

Official Use Only:

Type of Membership: (circle) Annl Drft Credit Card Schlr Corp ~ Youth College Adult Sr Hshld Sr Hshld

Member Number(s) _____ Joining Date _____ Receipt # _____ Amount Paid _____ Draft Number / Institution _____