



We build strong kids, strong families, strong communities.

Application for YMCA Membership ~ ~ Baker County Family YMCA

(01) First Name _____ MI _____ Last _____ M F

Address _____ Birth Date ____ / ____ / ____

(02) Spouse First Name _____ MI _____ Last _____ M F

City _____ State _____ Zip Code _____

Home Phone _____ E-mail Address _____

Your Occupation _____ Employer _____ Phone _____

Spouse Occupation _____ Employer _____ Phone _____

Emergency Contact #1 _____ Relationship _____ Phone _____

Emergency Contact #2 _____ Relationship _____ Phone _____

Family Membership Information (List Last Name if Different)

("Family" includes those persons allowed by the IRS to be claimed as dependents for income tax purposes.)

#	Dependent/Children's Names	M/F	Birth Date	Relationship	School	Grade
03						
04						
05						
06						
07						
08						

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

What are 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 like YMCA Fun Run. We can certainly use your help.

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

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

What area 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 family, 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 family for YMCA promotional purposes. I HAVE READ AND FULLY UNDERSTAND THE PRECEDING.

Signature _____ Date _____

OFFICE USE ONLY

Type of Membership: (circle) Annl Drft Credit Card Schlr Corp Yth Adlt MarriedCpl SnglPrnt Fmly Sr SrCouple

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