

# KISHWAUKEE FAMILY YMCA



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## Membership Application

**Primary Adult:** \_\_\_\_\_

Birthdate: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Your ethnic background:  Native American  Hispanic  Asian

African American  Caucasian

Membership # \_\_\_\_\_ MBR Type Code \_\_\_\_\_  
Method of Payment:  EFT  Annual  Payroll  FA

**Secondary Adult:** \_\_\_\_\_

Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Your ethnic background:  Native American  Hispanic  Asian

African American  Caucasian

### Who to contact in case of emergency (other than those listed above):

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Relationship:  Spouse  Child  Parent  Friend  Other

### Children's Names (please print first, middle initial, last ):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Birthdates:

\_\_\_\_\_  Male  Female  
\_\_\_\_\_  Male  Female

## YMCA MEMBERSHIP WAIVER

### YMCA WAIVER

I am an adult 18 years of age and wish to participate in Kishwaukee Family YMCA activities. I give my children permission to participate in Kishwaukee Family YMCA activities. I understand that even when every reasonable precaution is taken, accidents can happen. Therefore in exchange for the YMCA allowing me to participate in YMCA activities, I understand and expressly acknowledge that I release the Kishwaukee Family YMCA and its staff members from all liability for any injury, loss, or damage connected in any way whatsoever to my (or my children's) participation in YMCA activities, whether on or off YMCA premises. I understand that this release includes any claims based on negligence, action or inaction of the Kishwaukee Family YMCA, its staff, directors, members and guests. I have read and voluntarily signing this authorization and release.

I understand that the Kishwaukee Family YMCA is not responsible for personal property lost or stolen while members and/or program participants are using the YMCA facilities or are on premises.

I give my permission to the YMCA to use photographs, film footage, tape recordings that may include my image or voice for purposes of promoting or interpreting YMCA programs.

All membership rates are subject to change with 30 days written notice. I understand it is my responsibility to notify the YMCA of any change of address within 5 business days of that change.

### Acceptance

I declare myself/family to be physically sound, having medical approval to engage in YMCA activities. I have read the information above agreeing for myself and as chosen representative for my family to the policies and procedures of the Kishwaukee Family YMCA.

I acknowledge the waiver set forth above and, being in sympathy with the Mission Statement of the Kishwaukee Family YMCA, hereby apply for membership.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT                      DATE                      SIGNATURE OF PARENT OR GUARDIAN                      DATE