

Sheridan County YMCA Membership Application

Name: _____
First Last

Address: _____

Sex _____ Birthday _____
Zip

Home Phone _____

Work Phone _____

Cell Phone _____

email _____

Office Use
Membership Type
Draft _____ Annual _____ Monthly _____
Expiration Date _____
Staff Initial /Date _____

Additional Members	Sex	Age	Birthdate		

Areas of Interest

- | | |
|---|---|
| <input type="checkbox"/> Health and Fitness Classes
<input type="checkbox"/> Aquatics Fitness Classes
<input type="checkbox"/> Youth Activities
<input type="checkbox"/> Family Activities | <input type="checkbox"/> Active Older Adults
<input type="checkbox"/> Volunteer Opportunities
<input type="checkbox"/> Arts
<input type="checkbox"/> Other _____ |
|---|---|

AGREEMENT AND RELEASE OF LIABILITY

I Understand That:

- The YMCA mission is to put Christian principles into practice through programs that build healthy spirit, mind, and body for all.
- I understand that refunds on membership dues are seldom given.
- This membership is non-transferable.
- If I am on the automatic bank withdrawal plan, I must notify the YMCA at least 5 days before my next draft.
- I pay the initial fee only once, unless my membership lapses for longer than 90 days.
- The YMCA does not provide accident insurance and that any and all injuries incurred are my responsibility to provide payment for.
- There is an inherent risk in all physical activities and that I assume such risk.
- Members and program participants may be photographed providing opportunities for YMCA promotions.

I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claim damages I may have against the Sheridan County YMCA or their respective agents, successors or assigns for any and all injuries which may be suffered by me in connection with the Sheridan County YMCA.

Signature

Date