



Sheridan County YMCA Membership Information

APPLICANT INFORMATION

Name _____

Mailing Address _____

City _____

State _____ ZIP Code _____

Home Phone () _____

Cell Phone () _____

Email _____

Gender M F Birth Date _____

Are you a Veteran? Yes No

Emergency Contact Phone () _____

Emergency Contact Name _____

AGREEMENT & RELEASE OF LIABILITY

I understand that:

- the Y's mission is to put Christian principles into practice through programs that build healthy spirit, mind, and body for all.
- refunds on membership dues are seldom given.
- this membership is non-transferable.
- if I am on the automatic bank withdrawal plan and wish to make changes to the account or discontinue, I must notify the Y at least 5 business days before my next draft date.
- I pay the initial fee only once, unless my membership lapses for longer than 90 days.
- the Y does not provide accident insurance, and that it is my responsibility to provide payment for any and all injuries incurred.
- 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 Y 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 _____

ADDITIONAL MEMBERS' INFORMATION

Name _____

Gender M F Birth Date _____

Name _____

Gender M F Birth Date _____

Name _____

Gender M F Birth Date _____

Name _____

Gender M F Birth Date _____

Name _____

Gender M F Birth Date _____

Name _____

Gender M F Birth Date _____

Name _____

Gender M F Birth Date _____

OFFICE USE

Membership Type

Annual Monthly Draft

Expiration Date

Draft Date 1 15

Staff Initial Date

NOTES