



# Membership Application

## YMCA OF VINCENNES

**1<sup>st</sup> Adult**

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Casual Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact/Phone: \_\_\_\_\_ Member Referral: \_\_\_\_\_

**2<sup>nd</sup> Adult**

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Casual Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

Child/Dependent Name	Gender	DOB

In consideration of participation in the membership and programs of the YMCA and to use its facilities and equipment, in addition to the payment of any fee, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment in the facilities. I do also release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA. I understand that photos and media for any YMCA purpose may be taken. I give my full permission for the use of my/my family's likeness. Refunds of membership dues may only be made when a person cannot participate due to medical illness or when a person moves from the local area to a place where membership privileges are not available. All refunds must be approved by the CEO or Membership Committee.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Office Use Only**

Date \_\_\_\_\_ Member # \_\_\_\_\_ Rcpt# \_\_\_\_\_ Staff \_\_\_\_\_

Household  Adult  Young Adult  Youth  Senior  Senior Household  Walking  Corp

Other \_\_\_\_\_ Notes \_\_\_\_\_

Full Pay  Epay  Pay Deduct \_\_\_\_\_

Genesis  Men  Women    Subsidy  Yes  No % \_\_\_\_\_ Healthways ID \_\_\_\_\_