



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Welcome to the Twin Pike Family YMCA! Membership Application

## Primary Contact Information (Adult 18+)

_____	_____	____/____/____	<input type="checkbox"/> M	<input type="checkbox"/> F
Primary Adult First Name	Primary Adult Last Name	Date of Birth		
_____	_____	_____	_____	_____
Home Address	City	State	Zip	
_____	_____	_____		
Primary Phone Number	Secondary Phone Number	Primary Email Address		
_____	_____	_____		
Employer	Driver License Number	Issuing State		
_____	_____	_____		
Emergency Contact	Relationship	Phone Number		

Household Members First and Last Name	Date of Birth	Gender	Phone Number	Email Address
Additional Adult 1.				
Dependents 2.				
3.				
4.				
5.				
6.				

Membership Type		Areas of Interest	
Note: The following rates are for monthly, semi-annual and annual		<input type="checkbox"/> Adult Sports <input type="checkbox"/> Swimming <input type="checkbox"/> Child Care <input type="checkbox"/> Youth Sports <input type="checkbox"/> Social Activities <input type="checkbox"/> Summer Camp <input type="checkbox"/> Group Exercise <input type="checkbox"/> Water Fitness	<input type="checkbox"/> Senior Activities <input type="checkbox"/> Volunteering <input type="checkbox"/> Fitness Center <input type="checkbox"/> Family Activities <input type="checkbox"/> Teen Activities <input type="checkbox"/> Personal Training <input type="checkbox"/> Other _____ _____ _____
Youth (\$22, \$132 or \$242)	Senior Adult (62+) (\$27, \$162 or \$297)		
Adult (\$32, \$192 or \$352)	Senior Couple (\$32, \$192 or \$352)		
Single Parent Family (\$38, \$228 or \$418)	FT Student (\$26, \$156, or \$286)		
Household (\$47, \$282 or \$517)	College Summer (90 Days) \$60		
	College Christmas (45 Days) \$40		

How did you hear about the Y?	Locker Rental
Employer Referral (name): _____	Do you wish to rent a locker? Yes _____ No _____ If yes, <input type="checkbox"/> M <input type="checkbox"/> F
Member Referral (name): _____	Pool Side _____ Gym Side _____
Other: _____	Locker # _____ Paid in full _____

**CONDITIONS OF FACILITY ACCESS**

The Y reserves the right to cancel a membership at any time. Any member, guest, or applicant whose actions are not deemed to be in the best interests of the organization may have their membership or application denied.

**MEMBER’S RESPONSIBILITY IN CONNECTION WITH USE OF THE FACILITY:** You (each member of your family and all guests) should consult with a physician before using our services and facilities. You agree that you will not use the facilities with any medical condition, including open cuts, abrasions, sores, infections, maladies or inability to maintain personal hygiene, if such condition poses a direct threat to yourself or to others. Failure to comply with this agreement could result in suspension or termination of membership privileges.

**ASSUMPTION OF RISK:** You (each family member and guests) agree that if you engage in any physical exercise or activity, or enter the premises of the branch you do so at your own risk. This includes, without limitation, your use of the locker room, any pool, or any equipment within the branch and your participation in any activity, class, program or instruction as well as your use of or presence on the parking area or sidewalk. You agree that you are voluntarily participating in these activities. You assume all risk of injury or the risk of contraction of any illness or medical condition that might result, or any damage, loss or theft of any personal property.

**WAIVER AND RELEASE OF LIABILITY:** In return for use of the facilities of or entry on the premises of the branch, you agree on behalf of yourself (and each family member and guest) to not sue and to release from any and all liability the Twin Pike Family YMCA (and our affiliates, employees, agents, representative, successors and assigns) from any and all claims or causes of action (known or unknown) arising out of negligence of the Twin Pike Family YMCA. This waiver of release and liability includes, but is not limited to, injuries which may occur as a result of (a) Your use of any exercise equipment or facilities, which may malfunction or break; (b) Our improper maintenance of any exercise equipment or facilities, which may malfunction or break; (c) Our NEGLIGENT instruction or supervision; (d) Your slipping and falling while in the branch or on the premises including parking areas and sidewalks. By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men’s Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

**INDEMNIFICATION AND HOLD HARMLESS:** You further agree that You WILL INDEMNIFY AND HOLD HARMLESS THE TWIN PIKE FAMILY YMCA, THEIR OFFICERS, AGENTS, AND EMPLOYEES, from any loss, liability, damages or cost of any kind that THE YMCA may incur as the result of any injury to yourself or to any member of your family even if it is contended that any such injury was caused by NEGLIGENCE of the part of the Twin Pike Family YMCA.

**SEX OFFENDER REGISTRY:** The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

**Photography Permission:** I give my permission for the Twin Pike Family YMCA to use, without limitations or obligations, photographs, film footage, or tape recordings which may include my image or voice for purposes of promotion or interpreting YMCA programs. **(CHECK ONE) YES \_\_\_\_\_ NO \_\_\_\_\_**

_____ Primary Adult (printed name)	_____ Signature	_____ Date
_____ Additional Adult (printed name)	_____ Signature	_____ Date