FOR OFFICE USE ONLY: Member ID

__ Member Code

APPLICATION FOR MEMBERSHIP

HAMILTON AREA YMCA

PRIMARY MEMBER INFORMATION First Name	MI _	Last Name	
Gender Male Female	Date of Bir	th	
Mailing Address			
City		State	Zip
Home Phone Cell Phone			
Email			
	Business Phone		
EMERGENCY CONTACT INFORMATIO	N		
Emergency Contact Relation to Member			
Emergency Contact Phone			
FAMILY INFORMATION Please list all those you want to include in your Family Membership.			
Name (First & Last)	Gender (M/F)	Relation to Primary Member	Date of Birth
	(1-1/1)	Trimary Member	
	1		
	1		
I/We the undersigned, realize that there may be medical risks of Branch, or use of equipment within these facilities. I/We also relimitations as they may pertain to my participation in program responsibility for undergoing a thorough medical evaluation by potential limitations on exercise, participation in Hamilton Area property or at the Sawmill Branch property. Furthermore, in coagree to hold free from any and all liability the Hamilton Area any action or inaction including, but not limited to negligence, heirs, executors, and administrators, waive release and forever after accrue to me arising out of or connected with my/our parties. • The Hamilton Area YMCA/Sawmill Branch reserves advertising or promotion as deemed appropriate. • All partners of the Hamilton Area YMCA/Sawmill If or film for any form of advertising or promotion as the children under the age of 13 may not be in the Familton Area YMCA reserves the right to revoke the mem located on its premises, who engage in conduct which is abusing rules and regulations. The Hamilton Area YMCA reserves the right to revoke the mem located on its premises, who engage in conduct which is abusing the same and regulations. The Hamilton Area YMCA reserves the right to revoke the mem located on its premises, who engage in conduct which is abusing the same and regulations.	ecognize that the s, the use of the s, the use of the licensed medical at YMCA program ansideration of m YMCA, its respect on the part of a r discharge any articipation in any s the right to phose the seemed appropriately without the dinon-transferal abership privilege ve, illegal, disruptive of the state of the seemed appropriately without the seemed appropria	e Hamilton Area YMCA cannot evaluate facilities or equipment within the facilitial professional, including, but not limited as, and the use of branches and equipment by/our participation in the activities of the ctive officers, employees, and members, my and all of the aforementioned parties and all rights and claims for damages why of the activities of the Hamilton Area of the activities of the Hamilton Area of the right to photograph or film any member and use same right to photograph or film any member and all right a	my/our physical abilities and/or medical ies. Therefore, I/We assume all to, the assessment of pertinent ent related, either within the JKR Branch ne Hamilton Area YMCA, I/we do hereby for any injury sustained by me/us due to s. I/We do hereby for myself/ourselves, ich I/We may have or which may here-/MCA, use of equipment in either or id pictures or film for any form of er and use said pictures rs of age or older. any of the equipment or facilities others, or who does not adhere to all
I/We, the undersigned have read, understand and agree to all			
Signature(if mombar is under			Date