



Mid-Willamette Family YMCA Membership Application

Date _____ Member ID # AAA-YMCA-ADDITION

This form is to be used to add AAA registered swimmers to the list of YMCA members attached to the AAA account. AAA Swimmers who have an individual or family FULL YMCA Membership do not need to fill it out. ALL SWIMMERS must be accounted for on the AAA YMCA Membership account to allow for competition at YMCA Sanctioned events.

Parent or Guardian

First _____ Last _____

Male Female

Birth Date ____ / ____ / ____ Phone (____) _____

Race:

- African American
- Asian/Pacific Islander
- Alaskan
- Caucasian
- Hispanic
- Native American
- Other

Email Address _____

Mailing Address _____

City _____ State _____ Zip _____

Emergency Contact _____ Phone (____) _____

Employer _____

Children: First _____ Last _____ Phone(____) _____

Male Female

Birth date ____ / ____ / ____ Race: _____

Children: First _____ Last _____ Phone(____) _____

Male Female

Birth date ____ / ____ / ____ Race: _____

First _____ Last _____ Phone(____) _____

Male Female

Birth date ____ / ____ / ____ Race: _____

First _____ Last _____ Phone(____) _____

Male Female

Birth date ____ / ____ / ____ Race: _____

First _____ Last _____ Phone(____) _____

Male Female

Birth date ____ / ____ / ____ Race: _____

All above listed members may have his/her picture taken and used for marketing & publicity. Initials _____

Name on Account

Liability Release:

In consideration of being permitted to utilize the facilities and services and to participate in the programs of the Mid-Willamette Family YMCA, I, for myself and for each of my family members listed on this application, as well as for all heirs, successors in interest and personal representative, acknowledge, agree and represent as follows: That each of us has carefully inspected and evaluated each piece of equipment, facility, service or program that we may use and have found the same to be safe and reasonable suited for the purpose of our use and participation. That each of us hereby accepts full and exclusive responsibility for any and all injuries and damages that we may suffer as the direct or indirect result or consequence of our use of any of the facilities, equipment and services of the YMCA or our participation in the programs of the YMCA; and hereby releases, waives, discharges, covenants not to sue or agrees to fully indemnify and save and hold harmless the YMCA , its directors, officers, employees and agents for injury or damage to us arising out of or in any way directly or in directly relating to such use or participation, including, but not limited to, our observation of any YMCA program or service. I understand that the Mid-Willamette Family YMCA does not carry accident or health insurance and that I am participating in program activities at my own risk. That I have completely read understood and voluntarily executed this document on the date set forth by my signature on the membership application. **Initials** _____

Membership Eligibility and Standards Policy:

“Who shall be eligible to hold a YMCA membership? Any person who supports the purpose may become a member of this organization in accordance with such provisions as may be established by the board of directors and shall so continue to be a member unless the Board or its authorized agent concludes, in its sole discretion, that a member has failed to live up to the standards and commitments of being a member of this YMCA. The YMCA reserves the right to review sex offender registry lists and do criminal background checks on members to ensure a safe environment for all.” The YMCA has a zero tolerance policy when pertaining to certain past criminal convictions, or when a member demonstrates hurtful behavior towards other members or staff. The YMCA reserves the right to regularly review sex offender lists and do background checks on its members. **Initials** _____

I authorize the initiation of this membership account.

Signature: _____ **Date:** _____
(Parent/Guardian Signature Required if Member is under age 18)

Age Policy:

I have received a copy of the YMCA age policy and will follow the policies for each area if I have children utilizing the facility. **Initials** _____

For Office Use Only:

Join date: _____
Staff Initials: _____
