



GUEST FORM

YMCA of Memphis & the Mid-South

OFFICE USE ONLY

Date ____/____/____ Time: ____ Staff: ____

Pd \$ ____ Cash Check ____ CC ____

____ Copy DL / AWAY Cards / Guest Pass

Guest Type: ____

Card Number: ____

Please Print Legibly

Name _____

Address _____

City / State / Zip _____

☐ Male ☐ Female Ethnicity _____ Date of Birth _____

Home Phone _____ Cell/Other Phone _____

Emergency Contact _____ Emergency Phone _____

Guest of (Y Member) _____ / Card #: _____

Additional Guest (Same Family)	Sex	Birthdate	Ethnicity	Relationship

WAVIER The YMCA of Memphis and the Mid-South will not assume responsibility for any injury incurred while participating in any athletic event, sports program, or any physically related activity. Nor will the YMCA of Memphis and the Mid-South be liable for lost or stolen items while program participants are using YMCA facilities or are on the YMCA premises. I, the undersigned for myself, my heirs and assigns do hereby release the YMCA of Memphis and the Mid-South, it's employees and agents from any and all claims for injury, death, loss or damage I may suffer as a result of my participation. I also assume full responsibility for removing myself from any media opportunities that I do not wish to participate in. **I also agree to adhere to the YMCA Code of Conduct.**

Signature _____ **Date** _____

GUEST FEES: # _____ **5 & under** \$ **0**
_____ **6-15** \$ **5**
_____ **16+** \$ **10**
Hotel Guest: # _____ \$ **7**

TOTAL DUE: \$ _____