



YMCA OF THE NORTHWOODS GUEST & PARTICIPANT APPLICATION

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Purpose and Goals – As a member of the YMCA of the Northwoods, I agree to cooperate and adhere to the Y mission.

Mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

Adult(Primary) Information (Please Print) *Required information in this segment is in bold and shaded.*

Last Name, First Name, MI	Home Telephone #	Work Telephone #
Address (Street & P.O. Box)	(City, State, ZIP)	E-Mail Address
Place of Employment	Male Female	Birth date: Month/Day/Year / /
Emergency Contact (Name)	Relationship	Telephone #
<i>The following information is confidential and is for statistical purposes only.</i>	Ethnicity: African American Asian Caucasian Hispanic Native American	Other Annual Household Income: Under \$10,000 \$10,000-\$19,000 \$20-\$29,000 \$30-\$39,000 \$40-\$49,000 \$50,000-\$74,000 \$75,000-\$100,000 Over 100,000

Family/Dependants Information: Please complete all information below if applicable.

Name (Last, First, MI)	Date of Birth (xx/xx/xxxx)	Age	Relationship	Student (Circle One)	M/F
				Y/N	
				Y/N	
				Y/N	
				Y/N	
				Y/N	

How did you hear about the YMCA: Newspaper Y Focus Radio TV
 Friend/Relative A Member Other _____

Responsibilities and Releases

Initial _____ **Code of Conduct-** The Y is founded on Christian principles and prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language, inappropriate attire, smoking, use of alcohol or drugs, the removal of Y property and criminal conduct of any type.

Initial _____ **Privacy-** I understand that I will not take any type of photo, video, or electronic data of members, class participants at any time. Conduct detrimental to the association and/or in disregard of Y member policies and practices may result in suspension and/or termination of privileges and possibly litigation.

Initial _____ **Liability** – I understand that the Y assumes no responsibility for injuries or illnesses which I or any member of my family may sustain as a result of my physical condition resulting from my participation in any athletic activities, sports program, the use of any equipment, exercise or any other activities or programs, without respect to location. I acknowledge that I assume the risk for any and all injuries and illnesses, which may result from my or my family’s participation in these activities. I hereby release and discharge the Y, its agents, and employees from any and all claims for injury, illnesses, death, loss, or damage, which I, or any member of my family may suffer as a result of my or my family’s participation in these activities.

Initial _____ **Photo Talent Release** – I give permission to the Y to use, without limitation or obligation, photographs, video, or tape recordings which may include my or my family’s image(s) or voice(s) for purposes of promotion or interpreting Y programs.

Initial _____ **Sex Offender Registry-** The Y conducts regular sex offender screening on all members, participants, and guests. If a sex offender match occurs, the Y reserves the right to cancel membership, end program participation, and remove visitation access.

SIGNATURE _____ **DATE** _____

SIGNATURE (Parent if minor) _____ **DATE** _____

Staff Initials/Date:

Entered into system: ____/____/____ Noted in system: ____/____/____ Verified by: ____/____