



# Guest/Day Pass Registration

**Valid Photo ID Required.**

**All Guest/Day pass users are entered into our database.**

Information is required to ensure the safety & security of all our members and guests. All information is kept confidential.

**Please complete all information:**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Gender \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 DOB \_\_\_\_\_ Phone(Cell) \_\_\_\_\_ Cell Provider \_\_\_\_\_  
 Phone(Home) \_\_\_\_\_ Email Address \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

List family members below (included name, DOB and gender)

\_\_\_\_\_  
 \_\_\_\_\_

**Please Initial All Statements:**

\_\_\_ I understand that failure to comply with Y rules & policies may result in my exclusion from Y programs or areas of the facility and that the Y reserves the right to terminate my ability to participate if I do not comply with Y rules.

\_\_\_ I understand that the Y makes no assessment of my health status or suitability in participating in any type of Y program or activity. I understand that the Y strongly encourages me to consult with my physician prior to beginning any exercise program.

\_\_\_ I acknowledge that the Y has made a good faith effort to make this program or activity reasonably safe for my participation. I knowingly and freely assume all risks, whether known or unknown, which may be connected with or arise out of the program or activity and accept full responsibility of my participation. If, in the course of my participation in the program or activity, I observe an unusual or significant hazard, I will remove myself from participation and bring such hazards to the attention of the program or activity leader immediately.

\_\_\_ To the fullest extent permitted by law, I hereby forever indemnify, release and hold harmless the Stevens Point Area YMCA, its officers, agents, employees, sponsors, and any owners or lessors of premises or property used in this program or activity, from any and all liability, claims, damages, losses and expenses of any kind (including attorney fees), for property damage or personal injury, including disability or death, which may arise in any way out of my participation in programs or activities of the Y. I expressly indemnify and hold harmless the Stevens Point Area YMCA, its officers, agents and employees, from and against all injury, damage or expenses arising out of its own negligent acts or omission, unless such expense, injury or property damage result solely from the gross negligence or willful misconduct of the Y and/or its agents, officers, or employees.

\_\_\_ 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.

\_\_\_ Screening Policy - 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. A Zero Tolerance stance will be taken on all sex offenders.

I read and understand this release of liability and understand that I am assuming certain risk. I agree to all terms of this release and hereby sign it freely and voluntarily.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Initials \_\_\_\_\_ Date \_\_\_\_\_ Photo Taken ? Yes or No ID# \_\_\_\_\_ Verified Initials \_\_\_\_\_