



MEMBER INFORMATION AND RELEASE FORM

Valid Photo ID Required

First Name _____ MI _____ Last Name _____ Gender _____

Address _____ City _____ State _____ Zip Code _____

DOB _____ Phone(Cell) _____ Cell Provider _____

Phone(Home) _____ Email Address _____

Emergency Contact Name _____ Emergency Contact Phone _____

List Family Members included in Membership:

Name	DOB	Gender	Name	DOB	Gender
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Optional (Used for reporting purposes and kept confidential):

Ethnicity

- White
- Hispanic
- Black/African American
- Asian
- Native American
- Other

Annual Income

- 0-\$12,000
- \$12,001 - \$14,999
- \$15,000 - \$24,999
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000 & Above

Employer: _____

Responsibilities & Releases (Please Initial Below)

_____ **Liability** - I understand the physical activities, which I may participate in at the YMCA, include but may not be limited to, swimming, running, strength training, fitness classes, racquetball, and basketball, as well as the use of sauna and steam room facilities. I agree to assume all liability and release the YMCA from any liability for the risk of injury, illness or death on account of my presence in a YMCA facility or on account of my involvement in any activity at a YMCA facility, whether caused by negligence of the YMCA or another person on the premises.

_____ **Membership Card and Code of Conduct Acknowledgement**- I understand that I must present my membership card for admission and cards are non-transferable. Abuse of membership card or violations of Code of Conduct may result in suspension/termination of membership.

_____ **Membership Payments** - I understand that all membership payments are non-refundable unless a written medical excuse is provided. Any medical excuses must be signed by a physician and provided prior to the absence.

_____ **Photo/Talent Release** - I hereby irrevocably release, consent and allow the Stevens Point Area YMCA and its agent to use my photograph/likeness/voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation for any reimbursement in connection with its use.

_____ **Cell Phone/Electronic Policy** - I understand that the use of any photographic or recording device such as cell phones, cameras, tablets, etc. in any locker room or bathroom is prohibited. Use of these items may result in loss of YMCA privileges.

_____ **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.

_____ 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.

Signature _____ Date _____

Member ID#: _____ FD Staff: _____ Date: _____ Admin Staff: _____ Date: _____