



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

For Office Use Only:
Membership Type:
Membership Number
YMCA Staff Member
Reciprocity Home YMCA: Membership Type:

Adult or Teen Information

First Name: _____ M.I. _____ Last Name: _____ D.O.B _____ Sex: M F
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Home #: _____ Cell #: _____
 Employer: _____ Phone: _____
 Emergency Contact: _____ Phone: _____

Second Adult Information (Family Membership Only)

Name: _____ Sex: M F D.O.B: _____

Youth Information (Family or Youth Membership Only)

Name: _____ Sex: M F D.O.B: _____
 Name: _____ Sex: M F D.O.B: _____
 Name: _____ Sex: M F D.O.B: _____
 Name: _____ Sex: M F D.O.B: _____
 Name: _____ Sex: M F D.O.B: _____

Are you interested in volunteering? If so, please indicate Areas of Interest!

- | | | | |
|-------------|------------------|--------------------|--------------------|
| Child Watch | Youth Sports | Special Events | Greeter/Membership |
| Fundraising | Committee Member | Family Programming | Aquatics |

How did you hear about us?

- | | | | |
|----------|---------------|------------------|--------------|
| Member | Former Member | Internet | Newspaper |
| Drive-by | Friend/Family | Medical Referral | Other: _____ |

Please read and sign the following Waiver, Authorization and Release:

I am at least 18 years of age and, wish and/or give permission for my children, to participate in Auburn-Lewiston YMCA membership/program activities. As used in this Agreement "children" shall include legal wards and "parent" shall include legal guardian. As a condition of participation by me or my children in any YMCA program, I agree to assume the risks involved, and further agree to hold harmless the YMCA, its sponsors, officers, employees, volunteers, or contractors from any and all claims, suits, losses or related causes of action for damages, as a result of participating in YMCA activities.

I hereby grant permission for my children to receive emergency medical treatment for illness or accident if I cannot first be contacted.

I give permission to the Auburn-Lewiston YMCA to use photographs and/or videos of myself and above listed family members for promotion, public relations, records or other legitimate purposes.

I understand the YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs.

I understand that all memberships are non-transferable and non-refundable.

I have read and understand this waiver, authorization, and release, and by signing it agree to the terms.

Signature: _____ Date: _____