



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

Welcome to the YMCA of Hannibal!

Today's Date ___/___/___

Primary Contact Information (Adult 18 +)

Primary Adult First Name	Primary Adult Last Name	___/___/___ <input type="radio"/> M <input type="radio"/> F
Home Address	City	State Zip
Primary Phone Number	Secondary Phone Number	Primary Email Address
Employer	Driver License Number	Issuing State
Emergency Contact	Relationship	Phone Number

Household Members First Name (and Last if different)	Date of Birth	Gender	Email Address
Additional Adult 1.			
Dependents 2.			
3.			
4.			
5.			
6.			

Membership Type	Areas of Interest
<p>Note: The following rates are for one year or ACH only</p> <p>___ Youth (\$192 or \$16) ___ Adult (\$504 or \$42)</p> <p>___ Household (\$744 or \$62) ___ Student (\$276 or \$92 Block)</p> <p>___ Single Parent Family (\$576 or \$48) ___ Senior Citizen Adult (\$432 or \$36)</p> <p>___ Senior Citizen Couple (\$540 or \$45)</p>	<p><input type="radio"/> Adult Sports <input type="radio"/> Child Care</p> <p><input type="radio"/> Social Activities <input type="radio"/> Swimming</p> <p><input type="radio"/> Summer Camp <input type="radio"/> Fitness Center</p> <p><input type="radio"/> Group Exercise <input type="radio"/> Family Activities</p> <p><input type="radio"/> Water Fitness <input type="radio"/> Youth Sports</p> <p><input type="radio"/> Senior Activities <input type="radio"/> Teen Activities</p> <p><input type="radio"/> Volunteering <input type="radio"/> Other _____</p>

How did you hear about the Y?
Employer Referral (name): _____
Member Referral (name): _____
Other: _____

Locker Rental
Do you wish to rent a locker? ___ Yes ___ No If yes, ___M ___F
Locker # _____ Locker # _____

Need member signature on the back.

CONDITIONS OF FACILITY ACCESS

The Y reserves the right to cancel a membership at any time. Any member, guest, or applicant whose actions are not deemed to be in the best interests of the organization may have their membership or application denied.

MEMBER'S RESPONSIBILITY IN CONNECTION WITH USE OF THE FACILITY: You (each member of your family and all guests) should consult with a physician before using our services and facilities. You agree that you will not use the facilities with any medical condition, including open cuts, abrasions, sores, infections, maladies or inability to maintain personal hygiene, if such condition poses a direct threat to yourself or to others. Failure to comply with this agreement could result in suspension or termination of membership privileges.

ASSUMPTION OF RISK: You (each family member and guests) agree that if you engage in any physical exercise or activity, or enter the premises of the branch you do so at your own risk. This includes, without limitation, your use of the locker room, any pool, whirlpool, sauna, steam room, or any equipment within the branch and your participation in any activity, class, program or instruction as well as your use of or presence on the parking area or sidewalk. You agree that you are voluntarily participating in these activities. You assume all risk of injury or the risk of contraction of any illness or medical condition that might result, or any damage, loss or theft of any personal property.

WAIVER AND RELEASE OF LIABILITY: In return for use of the facilities of or entry on the premises of the branch, you agree on behalf of yourself (and each family member and guest) to not sue and to release from any and all liability the YMCA of Hannibal (and our affiliates, employees, agents, representative, successors and assigns) from any and all claims or causes of action (known or unknown) arising out of negligence of the YMCA of Hannibal. This waiver of release and liability includes, but is not limited to, injuries which may occur as a result of (a) Your use of any exercise equipment or facilities, which may malfunction or break; (b) Our improper maintenance of any exercise equipment or facilities, which may malfunction or break; (c) Our NEGLIGENT instruction or supervision; (d) Your slipping and falling while in the branch or on the premises including parking areas and sidewalks. 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.

INDEMNIFICATION AND HOLD HARMLESS: You further agree that You WILL INDEMNIFY AND HOLD HARMLESS THE YMCA OF HANNIBAL, THEIR OFFICERS, AGENTS, AND EMPLOYEES, from any loss, liability, damages or cost of any kind that THE YMCA may incur as the result of any injury to yourself or to any member of your family even if it is contended that any such injury was caused by NEGLIGENCE of the part of the YMCA of Hannibal.

SEX OFFENDER REGISTRY: 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.

Primary Adult (printed name)	Signature	Date
Additional Adult (printed name)	Signature	Date

Checklist:	Initial:
Membership App. Completed with appropriate signatures (front and back), and Account Information	_____
Email added to Account	_____
Scan Information Given	_____
Photo Taken	_____
Y-FIT Evaluation Scheduled	_____
Membership Form Placed in Crystals Box	_____
Tour (Page Wellness)	_____
Recorded on Transaction Sheet	_____

Joiner Fee	Amount Paid	Type of Payment	Disc: Group
Membership Type	Locker Rental	YFIT Evaluations	YMCA Staff