

APPLICATION



We build strong kids, strong families, strong communities.

The Shiawassee Family YMCA

First Name _____ MI _____ Last _____ M F Age _____

Address _____ Birth Date ____/____/____

City _____ State _____ Zip Code _____ - _____

Home Phone _____ E-mail Address _____

Youth High School College Adult Family w/1 Family w/2

Employer _____ Work Phone _____

School _____ City _____ Grade _____

Emergency Contact _____ Relationship _____ Phone _____

FAMILY INFORMATION

Spouse First Name _____ MI _____ Last _____ Birth Date ____/____/____

Spouse Employer _____ Work Phone _____

Children's Name(s):

First MI Last Sex Birth Date School Grade

I agree to follow YMCA rules and policies. I am entering into this membership of my own choosing and I recognize that this membership is non-refundable. I also understand there is some risk in physical activity and exercise. I further agree that the Shiawassee Family YMCA shall not be responsible for any personal injuries or losses sustained by me or my family while on the premises, or as a result of any YMCA sponsored activities. I further agree to indemnify and save harmless the Shiawassee Family YMCA of any claims or demands arising out of any such injuries or loss.

Signature _____ Date _____

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For Office Use:

Amount Paid \_\_\_\_\_ Receipt # \_\_\_\_\_ Staff Initials \_\_\_\_\_ Tour Y or N

- Fitness Membership  Paid in Full
 Program Membership  Bank Draft