



TWIN PIKE FAMILY YMCA

MEMBERSHIP APPLICATION # _____

Rejoin:

The protection of our members and guest is our programs and/or using our facilities is a great concern to the Twin Pike Family YMCA Board of Directors and staff.

We reserve the right to deny access or membership to any person who has been accused or convicted of any crime involving sexual abuse; is a registered sex offender; habitually or excessively uses narcotics or dangerous drugs; has ever been convicted of any offense relating to the use, sale, possession or transportation of narcotics or habit forming and/or dangerous drugs; or continuously or excessively using intoxicating beverages.

Have you, or anyone on this application, ever been accused or convicted of any of the above mentioned offenses? _____

List Offense(s): _____

(Convictions involving drugs and alcohol do not necessarily disqualify you from membership privileges.)

Member #1 (Person responsible for payment)

Key Tag # _____

Check One: Mr. _____ Mrs. _____ Ms. _____ Other: _____

Male () Female ()

Date of Birth: _____

Last First Middle

Spouse's Name (if not listed below): _____

Day Phone: _____

Evening Phone: _____

Mailing Address

Cell Phone: _____

City State Zip Code

Email Address: _____

Place of Employment: _____

Clarification of who can be included in a Family Membership: Anyone that is claimed on your Federal 1040 Income Tax return as a legal dependant according to IRS regulations

Member #2 _____ M () F () Tag # _____
Last First Middle (DOB)

Member #3 _____ M () F () Tag # _____
Last First Middle (DOB)

Member #4 _____ M () F () Tag # _____
Last First Middle (DOB)

Member #5 _____ M () F () Tag # _____
Last First Middle (DOB)

Member #6 _____ M () F () Tag # _____
Last First Middle (DOB)

Member #7 _____ M () F () Tag # _____
Last First Middle (DOB)

Are you willing to be a volunteer? _____ If so, what kind of work would you be interested in doing? Youth Events, Runs, Front Desk, Coach, Child Watch, Fundraising, other: _____

Would you like to volunteer as a mentor in the Reach & Rise Mentoring program? _____
(Mentors must be at least 23 years of age)

Emergency Contact: _____ Phone Number: _____
Name Relation

RELEASES AND INDEMNIFICATIONS

Photography Permission: I give my permission for the Twin Pike Family YMCA to use, without limitations or obligations, photographs, film footage, or tape recordings which may include my image or voice for purposes of promotion or interpreting YMCA programs.

Property Loss: I understand that the Twin Pike Family YMCA is not responsible for personal property lost, damaged, or stolen while members and or program participants are participating in the Twin Pike Family YMCA activities or utilizing any YMCA facility.

Medical Clearance: I authorize the Twin Pike Family YMCA, as my agent to give consent to surgical or medical treatment by a licensed physician or hospital when a physician deems such treatment necessary for me or a family member on this membership application, if I cannot be contacted within a reasonable time or otherwise unable to give such consent. I authorize the YMCA to give first aid, CPR or other treatment by a qualified staff member.

Medical Clearance: If I answer "YES" to any of the following questions, I understand that it is my responsibility to complete a CONSENT WAIVER which may be obtained from the YMCA office.

1. Has a doctor ever informed you that you have high blood pressure? _____
2. Have you ever had a heart attack, heart surgery or any type of heart problem?

3. Do you have any orthopedic problems? _____ If yes, please explain: _____

4. Are you pregnant? _____
5. Is there any reason you should not be engaged in exercise? _____

Staff Use Only:

Amount Paid: \$ _____ Date paid: _____ Staff Initials: _____ Cards Made: _____
Payment Type: Draft: _____ Annual: _____ Semi-Annual: _____ Corp. _____ (Business: _____)
Membership Type: Youth: _____ College Student: _____ Individual: _____ Family: _____
Single Parent Family (SPF): _____ Sr. Couple: _____ Sr. Indiv: _____
Special Membership Types: College Summer (90 days): _____ College X-mas Break: _____ (45 days)
Corporate Pass: _____ 3-month Term: _____ (must have out-of-area permanent address)

**TWIN PIKE FAMILY YMCA
RELEASE AND INDEMNIFICATION**

Liability Waiver: In consideration of being permitted to enter the YMCA for any purpose, including, but not limited to, observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned hereby agrees to the following:

1. The undersigned hereby releases, waives, discharges and covenants not to sue the YMCA, it's directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. The undersigned hereby agrees to indemnify and save and hold harmless the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facility or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. The undersigned hereby assumes full responsibility for and risk of bodily injury, death, or property damage due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

Acceptance: This waiver and release is given for myself and on behalf of all the minor members of my family listed, if any. I acknowledge the condition for membership stated above. I further agree that the forgoing Release, Waiver and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Missouri and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ OR HAVE HAD READ TO ME, AND VOLUNTARILY SIGNED THIS WAIVER AND RELEASE FROM LIABILITY.

Signature of Adult Member / Signature of Parent
or Guardian of members age 17 or younger

Date

Signature of Secondary Adult Member

Date



FOR YOUTH DEVELOPMENT Nurturing the potential of every child and teen.

FOR HEALTHY LIVING Improving the nation's health and well-being.

FOR SOCIAL RESPONSIBILITY Giving back and providing support to our neighbors.