

(Office USE)	LAST NAME	FIRST NAME	TYPE



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BLAIR REGIONAL YMCA

Membership Application *(front and back)*

Primary Adult

(required for youth under 18)

Last

First

Last Name

First Name

Middle

Street Address

City

State

Zip

Date of Birth

Gender

Emergency Contact — Name

Phone

Phone

Secondary Phone

E-Mail

Additional member info Last Name	First Name	Date of Birth	Gender	School

Lockers are available for rent in the Men's/Women's Locker rooms. Are you interested in renting a locker? **YES NO**

If yes, what size? Full - \$8.50/mo \$102/yr Half - \$5.50/mo \$66/yr Quarter - \$3.00/mo \$36/yr LOCKER #

I agree to abide by the rules and regulations of the Blair Regional YMCA that are designed for the enjoyment of all members. I understand that participation in Y Membership is a privilege and the YMCA reserves the right to revoke these privileges as necessary. ***No refunds on pre-paid memberships.**

Signature: _____ Today's Date: _____

Method of Payment:

Monthly Rate:

- Annual _____
- E-Pay 1st 15th
- Quarterly *(Paid in Full)*
- YMCA Program Scholarship 1st

Permission for Enrollment and Release of YMCA from Liability

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the YMCA and its officers, agents, employees, representatives, executors and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability from any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA.

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.

The undersigned acknowledges and agree that any use of the Blair Regional YMCA facilities, services, equipment and premises ("Facilities") and any participation in the Blair Regional YMCA programs and activities ("Programs") by me, my family members, dependents, or guests, including minors, comes with inherent risk including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death and sickness or disease, to include Covid-19 virus. I voluntarily accept and assume responsibility for these risks as well as all other risks of the use of the Facilities and participation in Programs.

Print Full Name

Signature

Today's Date

ADDITIONAL FAMILY MEMBERSHIP INFORMATION

CHILD(REN)'S INFORMATION

First Name	Last Name	Date of Birth	Gender	School