

MARSHFIELD AREA YMCA, INC. MEMBERSHIP APPLICATION



PRIMARY MEMBER PLEASE PRINT

Primary Home Branch:
 Marshfield Neillsville

First Name _____ Middle Initial _____ Last Name _____

Gender (circle) MALE FEMALE UNSPECIFIED Date of Birth ____/____/____ Employer _____

Mailing Address Street _____ PO Box/Apt # _____
 City _____ State _____ ZIP _____

Primary Phone _____ Alternate Phone _____

Email Address _____
Email is the YMCA's primary mode of communication with members. We do not share our email list with other businesses.

Emergency Contact Name _____ Relationship _____ Phone _____

SPOUSE OR SECOND ADULT MEMBER

First Name _____ Middle Initial _____ Last Name _____

Gender (circle) MALE FEMALE UNSPECIFIED Date of Birth ____/____/____ Employer _____

Primary Phone _____ Alternate Phone _____

Email Address _____

Emergency Contact Name _____ Relationship _____ Phone _____

FAMILY INFORMATION

Dependents		Gender	Date of Birth	Relationship
First Name	Last Name	(M/F/U)		
1			/ /	
2			/ /	
3			/ /	
4			/ /	
5			/ /	
6			/ /	

MEMBER SAFETY SCREENING

YMCA POLICY: The YMCA is committed to creating a safe environment for everyone. National Sex Offender Registry background checks are performed on all participants applying for membership. If a prospective member checks "yes" to question #2 below and is found on the National Sex Offender Registry, membership will be denied. If at any time a member is found to be registered on the National Sex Offender Registry, their membership will be terminated immediately. Answering either of the below questions falsely will result in immediate termination of membership.

1. Have you or any member of the family listed above been convicted of a felony involving violence or drug possession within the past 7 years? YES ___ NO ___

2. Have you or any member of the family listed above been convicted of a sexual crime? YES ___ NO ___

Signature: _____ Date: _____

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MEMBERSHIP TYPE

MARSHFIELD CENTER		NEILLSVILLE CENTER	
<input type="checkbox"/> YOUTH	<input type="checkbox"/> SINGLE PARENT FAMILY	<input type="checkbox"/> COLLEGE STUDENT	<input type="checkbox"/> SINGLE PARENT FAMILY
<input type="checkbox"/> COLLEGE STUDENT	<input type="checkbox"/> SENIOR ADULT	<input type="checkbox"/> ADULT	<input type="checkbox"/> SENIOR ADULT
<input type="checkbox"/> ADULT	<input type="checkbox"/> SENIOR COUPLE	<input type="checkbox"/> ADULT FAMILY	<input type="checkbox"/> SENIOR COUPLE
<input type="checkbox"/> FAMILY	<input type="checkbox"/> 24-Hour Access Add-On		
<input type="checkbox"/> I'm interested in learning more about the YMCA Financial Assistance Program		<input type="checkbox"/> I'm interested in learning more about the YMCA Financial Assistance Program	
I'm affiliated with: <input type="checkbox"/> One Pass <input type="checkbox"/> Renew Active <input type="checkbox"/> Silver & Fit <input type="checkbox"/> SilverSneakers		I'm affiliated with: <input type="checkbox"/> One Pass <input type="checkbox"/> Renew Active <input type="checkbox"/> Silver & Fit <input type="checkbox"/> SilverSneakers	

MEMBERSHIP WAIVER

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releas-es") 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 therefor 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.

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 facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.

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.

THE UNDERSIGNED further expressly agrees 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 Wisconsin and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I understand that 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.

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.

I assume full responsibility for removing myself, and any minor children for whom I am responsible, from any media opportunities that we do not wish to participate in. I hereby grant to the YMCA the unrestricted right to use and publish photographic images and videos of me and these minor children, or in which we may be included, for marketing materials, YMCA websites or YMCA social networks, editorial trade advertising, and any other lawful purpose related to the YMCA.

I understand that this is a continuous membership plan. If I terminate membership and rejoin within one (1) year of initial join date, a \$10 processing fee will be required. If I terminate membership and rejoin after one (1) year of initial join date, a full joining fee will be required. I understand a 30-day notice is required to terminate my membership and that memberships are not refundable or transferable.

The YMCA reserves the right to review any membership application and deny membership access to or terminate any membership with or without notice.

Signature: _____ Date: _____

MEMBERS WHO ARE YOUNGER THAN 18 YEARS OF AGE MUST HAVE A LEGAL GUARDIAN PRESENT TO SIGN THIS FORM AND PROVIDE PHOTO ID.

Signature of Parent/Guardian _____ Printed Name _____

24-HOUR ACCESS WAIVER (if applicable)

Marshfield Clinic Health System YMCA-Marshfield Center is for Marshfield Area YMCA, Inc. members only. Members must be 18 years of age or older to independently use our 24-hour access and must use their assigned membership key fob to gain entrance. 24-hour access is allowed for members 13-17 years of age, at the Marshfield Center only, and must be accompanied by their legal parent/guardian and their assigned key fob.

Marshfield Clinic Health System YMCA-Neillsville Center is for Marshfield Area YMCA, Inc. members only. Members must be 18 years of age or older to independently use our 24-hour access and must use their assigned membership key fob to gain entrance.

I am aware that there will be no supervision or assistance when using these facilities outside of the YMCA's staffed hours of operation. I am also aware that if I am injured or lose consciousness, there will likely be no one to respond to my emergency and these facilities have no duty to provide assistance to me. By signing, I agree that I have read, understand and agree to the content contained within this 24-Hour Access Waiver.

Signature: _____ Date: _____