



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

Tri-Cities Family YMCA Social Rec Program Membership Application

1 Y Drive, Grand Haven, MI 49417 | 616.842.7051 | tcfymca.org

Primary Member				
Last Name	First	Middle Initial	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	Apt.	City	ST	Zip
Home:	Cell:	Email		
Employer/School	Work Phone:			
Emergency Contact	Home/Cell Phone			

SELF-REPORTING – I AM CURRENTLY EXPERIENCING OR RECOVERING FROM A/AN (all information is confidential):

_____ Substance Abuse Disorder

_____ Mental Illness

_____ Intellectual/Developmental Disability

Please provide supporting information (e.g., diagnosis, date of onset, brief history) and any additional information that will assist us in helping you to make the most of your time at the Y.

REGISTERED SEX OFFENDER POLICY:

_____ I understand that in the interest to maintain an environment that is safe for members, employees, and visitors, the Tri-Cities Family YMCA reserves the right to prohibit access to its facilities to Registered Sex offenders. All memberships will be reviewed against the National Sexual Offender Registry. Any individual known to be listed on any state or national sexual offender registry can be denied access to the YMCA.

LIABILITY:

_____ I understand that the Tri-Cities Family YMCA assumes no responsibility for injuries which I, or my child may sustain as a result of my or my child's physical condition or resulting from my or my child's participation in any activities, programs, exercise, or the use of facility, equipment, or other activities organized or sponsored by the Tri-Cities Family YMCA. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result. In consideration of the privilege of joining, or using the YMCA, I hereby voluntarily release and discharge the Tri-Cities Family YMCA, its agents, officers, employees, or instructor from any and all claims for injury, death, loss or damage that my child or I may suffer. I understand the Tri-Cities Family YMCA is NOT responsible for personal property lost or stolen while members and /or program participants are using YMCA facilities.

I UNDERSTAND THAT:

I hereby grant permission to use any photographs taken during the class or program presented by this application to be used for YMCA advertising or promotional efforts.

I agree to abide by all the membership rules and regulations of the facility as outlined in the Membership Handbook.

The Tri-Cities Family YMCA does not furnish accident/illness medical insurance. All medical and any other related bills due to injury or sickness while utilizing the YMCA will be the responsibility of the participant.

Member Signature _____ Date _____ Staff Signature _____ Date _____

Parent/Guardian Signature _____ Date _____