

ANCHORAGE COMMUNITY YMCA

MEMBERSHIP APPLICATION

Membership Type:	Active Military YES <input type="checkbox"/> NO <input type="checkbox"/>	DoD YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> Youth <input type="checkbox"/> Teen <input type="checkbox"/> Adult <input type="checkbox"/> Single Parent Family <input type="checkbox"/> Family <input type="checkbox"/> Senior <input type="checkbox"/> Senior Family		

Name:	Male <input type="checkbox"/> Female <input type="checkbox"/>
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Address:	Birth Date:
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City:	State:	Zip:
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Home Phone:	Work Phone:	Cell Phone:
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Employer/School:	E-Mail:
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Have you or anyone on this application ever been convicted of a sexual offense:	YES <input type="checkbox"/> NO <input type="checkbox"/>
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List all Family Members to be added (First, Middle, Last)	Employer/School	Relationship	M / F	Birth Date

EMERGENCY CONTACT INFORMATION (To be completed for ALL Applications)

Name:	Relationship:
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Home Phone:	Work Phone:	Cell Phone:
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Hospital Preference:

Caregiver YES <input type="checkbox"/> NO <input type="checkbox"/>	Name:	Contact number:
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ANCHORAGE COMMUNITY YMCA RELEASE & WAIVER OF LIABILITY & INDEMNITY AGREEMENT

Conditions of Membership

MEMBER HEALTH: The applicant (s) represents that he/she is in physically sound condition & understands that the participation in aerobics & other exercise, weight training, recreational sports & use of pools, saunas & fitness equipment carry a potential risk of injuries or illness.

MEMBER CONDUCT & RIGHT TO USE FACILITY: The applicant (s) agrees to abide by all the rules and regulations of the Anchorage Community YMCA and its operating units and understands that failure to act in accordance with the rules may result in expulsion from the YMCA and cancellation of membership.

PROPERTY LOSS: The applicant (s) understands the YMCA is not responsible for personal property that is lost, damaged or stolen from YMCA property while using the YMCA facility or participating in YMCA programs.

PHOTOGRAPH PERMISSION: The applicant (s) hereby gives permission for the YMCA to use, without limitation or obligation, photographs, film footage or tape recordings which may include the members image or voice for purpose of promoting or interpreting YMCA programs.

INSURANCE: The applicant (s) understands that the YMCA does not provide any accident or health insurance for its members or participants and further understands it is the applicants responsibility to provide coverage.

ACCEPTANCE/RELEASE: I (We) acknowledge the conditions of membership stated above, for myself and above of the minor applicants listed, if any. I (We) hereby release the Anchorage Community YMCA, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which may result from participation as a member.

CELL PHONE USE: The applicant (s) understand that inappropriate use of cell phones will result in your membership being cancelled.

Signature of applicant:	Date:
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Signature of guardian:	Date:
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OFFICE USE ONLY	
Staff Name:	Date: