



We build strong kids, strong families,
strong communities

South Sound YMCA Basic Membership Form

The fee for a Basic Membership is non-refundable.
Full credit is given if an upgrade to a Full Membership
is made *within the first 60 days* of purchase.

Last Name _____
Member # _____
Expiration Date _____

Olympia Downtown Branch

Briggs Community Branch

Membership Type: Youth (to 13yrs) Teen (14-17yrs) Adult (18 and up)

Participant Info: _____
First Name M.I. Last Name Date of Birth Male/Female

Address: _____
City State Zip Code

Home Phone #: _____ Cell Phone #: _____ Work #: _____

E-Mail Address: _____

Parent or Guardian Name (if participant is under 18): _____

Emergency Contact Name: _____ Phone #: _____

Have you ever been convicted of a sexual offense? Yes No

RELEASE AND WAIVER OF LIABILITY: I hereby accept all responsibility for, and assume the risk of, any and all injury or damage to my person or dependent children that might arise directly or indirectly as a result of, and or participation in, a YMCA program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the South Sound YMCA, the various branches and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Trustees of the South Sound YMCA, except for injuries caused intentionally or by willful misconduct.

Signature of Participant: _____ Date: _____
(or Parent/Guardian if participant is under 18 years old)

PROPERTY LOSS: I understand that the YMCA is not responsible for a participant's personal property that is lost, damaged, or stolen during the course of a YMCA program.

INSURANCE: I understand that it is my responsibility to provide for my own (and any other members of my family if applicable) accident and health coverage while participating in YMCA activities. The South Sound YMCA does not provide any accident and health insurance for its participants.

MEDICAL RELEASE: I authorize the South Sound YMCA, as my agent, to give consent to surgical or medical treatment by a licensed physician or hospital when the physician deems such treatment necessary and I cannot be contacted within a reasonable time or I am not otherwise able to give such consent. I authorize the South Sound YMCA to give first aid, CPR, or other treatment by a qualified staff member.

PHOTOGRAPHS: I authorize the South Sound YMCA to have and use photographs of my child/children or myself as may be needed for its records or public relations projects.

ACCEPTANCE: I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors, and assigns.

Signature of Participant: _____ Date: _____
(or Parent/Guardian if participant is under 18 years old)

Member
Services Staff
Use Only

Received by (please print name): _____ Date: _____

Payment Type: Cash Check # _____ Visa MC AmEx CV # _____ GC # _____

Amount Received: _____ Scholarship Amount: _____ (Approved by: _____) Input: YES