



# South Sound YMCA

## Membership Application

### YMCA Mission Statement

To provide youth and community an affordable and accessible resource for the positive growth and development of mind, body, and spirit through recreational, health, and leadership.

### Financial Assistance

The YMCA welcomes people from all socio-economic backgrounds. The South Sound YMCA makes every effort to ensure that no person, especially youth, will be turned away because of an inability to pay. Financial assistance is available for membership and in all program areas for those who can demonstrate financial need.

Briggs Community Branch

Olympia Downtown Branch

Membership Type:  Youth  Teen  Young Adult  Adult  Family1  Family2  Senior  Senior Couple

Other \_\_\_\_\_

### Primary Member Info

Name: \_\_\_\_\_  
First MI Last

Gender (please circle): Male Female Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Ethnic Origin: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(Or Parent/Guardian Name for Members under 18)

### Additional Member Information

List all Family Members (First Name, Middle Initial, Last Name)	Date of Birth	Male or Female	Employer	Ethnic Origin
<small>*Parent/Guardian Info if Member is under 18</small>				

Have you or anyone on this application ever been convicted of a sexual offense?  Yes  No

Member #:

MI:

First Name:

Last Name:

## WAIVER AND RELEASE FROM LIABILITY

**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 Primary Member or Parent/Guardian if member is under 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of 2<sup>nd</sup> Adult Member

\_\_\_\_\_  
Date

**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 Primary Member or Parent/Guardian if member is under 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of 2<sup>nd</sup> Adult Member

\_\_\_\_\_  
Date

**Add Locker and/or Towel Service**

Locker Rental  Add Locker Service Locker # \_\_\_\_\_

Towel Service  Add Towel Service

METHOD OF PAYMENT:  Draft  Annual

**Payment of Locker/Towel Service must be made by the same method as payment used for your membership. The first month of service is to be paid in advance.**

**FEES**

Locker Rental at Briggs: \$5  
Locker Rental at Downtown: \$4 for Small, \$5 for Large  
Towel Service at Either Branch: \$5.50

**Strong Kids Campaign Donation** *(tax deductible as legally allowable – please consult your tax advisor)*

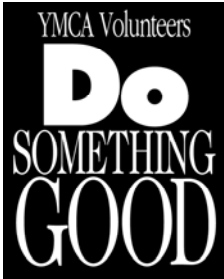
I want to help financially challenged youth and families participate in YMCA programs. I authorize the YMCA to add the following amount to my bank draft to support the YMCA Strong Kids Campaign.

**Draft a one-time donation of:**  \$5  \$10  \$15  \$25  Other \$ \_\_\_\_\_

**Add to my monthly bank draft:**  \$5  \$10  \$15  \$25  Other \$ \_\_\_\_\_

(Your drafted donation for the Strong Kids Campaign is continuous and will end upon cancellation of membership or upon request.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Volunteerism is at the heart of everything we do here at the YMCA!

There are many opportunities for you to help out at your South Sound YMCA. These opportunities not only enhance your own membership experience, they make a difference in the lives of others as well. By becoming a volunteer, you assist in fulfilling the mission to help others put the YMCA Core Values of Caring, Honesty, Respect, and Responsibility into practice in their daily lives. Help give back to your community and volunteer at your YMCA! Ask for an application today!

**Yes, I am interested in volunteering!**



**The South Sound YMCA embraces the four Core Values**

**Caring:** To love others, to be sensitive to the well being of others, to help others.

**Honesty:** To tell the truth, to act in such a way that you are worthy of trust, to have integrity.

**Respect:** To treat others as you would have them treat you; to value the worth of every person, including yourself.

**Responsibility:** To do what is right, what you ought to do; to be accountable for your behavior and obligations.

## OFFICE USE ONLY

- |  |  |
|--|--|
| <input type="checkbox"/> Bank Draft Authorization Form   | <input type="checkbox"/> Membership Cards Given  |
| <input type="checkbox"/> Photo ID Checked for <b>Adult Member #1</b><br>Expiration Date: _____   | <input type="checkbox"/> New Member Packet Given |
| <input type="checkbox"/> Photo ID Checked for <b>Adult Member #2</b><br>(If 2 <sup>nd</sup> adult is not present, put in e-message requiring an ID check on 1 <sup>st</sup> visit)<br>Expiration Date: _____ |  |
| <input type="checkbox"/> Waiver Signed by <b>Adult #1</b> (or Parent/Guardian of minor)  |  |
| <input type="checkbox"/> Waiver Signed by <b>Adult #2</b><br>(If 2 <sup>nd</sup> adult is not present, put in e-message requiring signature at the time of 1 <sup>st</sup> visit)                            |  |

**Billing Type:**

Bank Draft

Annual

Other \_\_\_\_\_

Date	Received For	Amount	Payment Type	Staff Name

Date	Comments (Discounts, Scholarships, Join to Draft...)	Staff Name