



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

PRIMARY

Date

First Name		MI	Last Name	
Mailing Address		City	State	Zip
Phone	Cell Phone			
Employer	Work Phone			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Race <input type="checkbox"/> Caucasian/White <input type="checkbox"/> African American/Black <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____				
Date of Birth ____/____/____		Email (please print clearly): _____		
Emergency Contact Name & Phone Number				
Name		Phone		

CODE OF CONDUCT

Respecting the rights and dignity of others is the key to creating a safe, enjoyable family atmosphere. At the Y, we take great pride in our ability and desire to service the needs of our members while exemplifying the mission, vision and values.

- Always speak to others in a respectful tone.
- Never use vulgar or derogatory language.
- Never use physical or threatening gestures, words or actions.
- Refrain from any intimate behavior or contact of a sexual nature.
- Respect others' property and valuables.
- All use and/or possession of tobacco products, alcohol and illegal drugs are prohibited on YMCA property.
- Any type of firearm, knife or illegal weapon is prohibited on YMCA property.

2ND ADULT

First Name	MI	Last Name
Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race <input type="checkbox"/> Caucasian/White <input type="checkbox"/> African American/Black <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____		
Employer	Email	

DEPENDENTS

First Name	MI	Last Name	Birth Date	<input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity	Relationship
First Name	MI	Last Name	Birth Date	<input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity	Relationship
First Name	MI	Last Name	Birth Date	<input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity	Relationship
First Name	MI	Last Name	Birth Date	<input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity	Relationship
First Name	MI	Last Name	Birth Date	<input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity	Relationship
First Name	MI	Last Name	Birth Date	<input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity	Relationship

Financial Assistance is available for those who qualify.

WAIVER

RELEASE AND WAIVER OF LIABILITY: In consideration of being permitted to utilize the facilities, services and programs of the Alleghany Highlands YMCA (or for my children to participate) for any purpose, including, but not limited to observation or use of facilities or equipment or participation in any off-site program affiliated with the Y, the undersigned, for himself or herself and such participating children and any personal representatives, heirs and next of kin, hereby acknowledges, and agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the Y for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

In further consideration of being permitted to enter the Y for any purpose including but not limited to observation or use of facilities or equipment or participation in any off-site program affiliated with the YMCA, the undersigned hereby agrees to the following:

- The undersigned on his or her behalf and behalf of such children, hereby releases, waives, discharges and covenants not to sue the Y,** its directors, officers, employees and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releases or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the Y.
- 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 or such children in, upon or about the Y premises or in any way observing or using any facilities or equipment of the Y or participating in any program affiliated with the Y.
- The undersigned hereby assumes full responsibility for and risk of bodily injury, death or property** damage to the undersigned or such children due to negligence or releases, or otherwise while in, about or upon the premises of the Y and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Y.

The undersigned further expressly agrees that foregoing **release waiver and indemnity agreement** is intended to be as broad and inclusive as is permitted by the law of the State of Virginia 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 has been made.

Signature: _____

Date: _____

Membership Agreement

If my membership dues are paid through credit card or electronic funds transfer, I understand this is a continuous membership plan. I must notify the Y in writing 30 days prior to my draft date (1st or 15th) if I wish to cancel my membership. A ____ return fee will be charged for all refused debits. Membership cards are the property of the YMCA and must be surrendered upon demand.

All membership rates are subject to change with four weeks written notice. I understand it is my responsibility to notify the YMCA of any change in address, bank account information (if utilizing bank draft for payment of dues) or credit card information/expiration date (if utilizing credit card for payment of dues).

The Joining Fee is a one-time fee as long as I remain an active member of the Alleghany Highlands YMCA. If I choose to cancel or discontinue my membership for more than 2 months, a Joining Fee will be charged when I reapply for membership.

Signature: _____

Date: _____

OFFICE USE ONLY

Membership Number	Membership Type	<input type="checkbox"/> Financial Assistance	Payment Method	Initial Payment	Monthly Dues
Expiration Date	Joiner Fee Paid		<input type="checkbox"/> Bank Draft <input type="checkbox"/> Credit Card <input type="checkbox"/> Quarterly	<input type="checkbox"/> Bank Draft <input type="checkbox"/> Credit Card <input type="checkbox"/> Check	Date of draft/ cc payment <input type="checkbox"/> 1st <input type="checkbox"/> 15th
Staff Initials	Joiner Fee Prorated	<input type="checkbox"/> Thank You Card	<input type="checkbox"/> Bi-Annual <input type="checkbox"/> Annual		Amount _____