



Membership Type		Length
Youth	1 Parent	1 Week
Teen	2 Parent	1 Month
Adult	Senior 62+	3 Month
Senior 80+		Annual

CLC YMCA Staff Only
Member ST Date: _____
Processed by: _____
Verified by: _____
Photo Taken: _____

### Membership Application

Name		Date of Birth	
Address	Town	State	Zip
Phone	Cell		
Are you interested in volunteering? Yes/No		Would you like to be on a Tennis Email List: Yes/No	
Email Address			
Emergency Contact:			Phone

Family Membership		Card Issued	Photo Taken
<b>Additional Family Members</b>			
Adult _____	Birth Date _____		
Child _____	Birth Date _____		
Child _____	Birth Date _____		
Child _____	Birth Date _____		
Child _____	Birth Date _____		

I undersigned and understand the risks involved in YMCA programs and membership, that they involve activity which can create the possibility of serious injury, paralysis and even death. I hereby give permission for the registrant to receive emergency medical treatment should it be necessary. I also understand the Central Lincoln County YMCA and its employees shall not be liable for injury sustained at the YMCA. I also hold the Central Lincoln County YMCA and staff harmless for any accident or injury that might occur. I give permission for the YMCA to use photographs and videos of the registrant for promotion and public relations.

Participant/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Payment Information

#### Electronic Funds Authorization

I authorize my bank to honor preauthorized Electronic Funds Transfers (EFT) or credit cards against my account for payments as indicated below. Should any preauthorized EFT or credit card not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank or credit card institution then the YMCA at its discretion, may resubmit the amount due for payment on a future date. Cancellation of this agreement requires 30 days written notice to the business office.

\_\_\_\_\_ Amount per month      \_\_\_\_\_ Check      \_\_\_\_\_ Credit Card

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

**CLC YMCA PROGRAM LIABILITY FORM**

I undersigned and understand the risk involved in the YMCA programs and membership, that they involve activity which can create the possibility of serious injury, paralysis and even death. I hereby give permission for the registrant to receive emergency medical treatment should it be necessary. I also understand the Central Lincoln County YMCA and its employees shall not be liable for injury sustained at the YMCA. I also hold the Central Lincoln County YMCA and the staff harmless for any accident or injury that might occur.

I give permission for the YMCA to use photographs and videos of the registrant for promotion and public relations.

**PERMISSION TO PROVIDE MEDICAL AND EMERGENCY CARE**

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine test, treatment to release any records necessary for insurance purposes, and to provide or arrange necessary transportation for my child in the event I cannot be reached in an emergency. I additionally hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child. This form may be photocopied for trips outside of camp.

**DEPOSIT, REFUND, AND PROGRAM POLICY**

All registration fees and deposits are nonrefundable and nontransferable. Fees for campers who leave camp for behavioral reasons will not be refunded. The CLC YMCA does not provide campers with accident insurance. I grant permissions for the YMCA to use photographs of the applicant in the brochure and for general public relations purposes.

**ASSUMPTION OF RISK POLICY**

I understand there are risks of physical injury when participating in sports and camp related activities. I hereby release the CLC YMCA, its employees, and agents for liability or personal injury, or loss or damage to personal property which I or my child may experience with programs at the CLC YMCA.

Parent/Guardian Signature: \_\_\_\_\_

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