



Membership # _____

**HEALTHY LIVING STARTS HERE
Sonoma County Family YMCA**

TELL US ABOUT YOURSELF (Please Print)

Date: _____
Gender: Male Female

Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate: _____

Mailing Address: _____ Email: _____

City: _____ State/Zip: _____

Primary Phone: (____) _____ Cell/Other Phone: (____) _____

Emergency Contact: _____ Phone: (____) _____

Which statement best describes you/your family? I/We am/are good at making everyday choices to be healthy and live well.
 I/We try to make everyday choices to be healthy and live well.
 I/We want to start making everyday choices to be healthy and live well.

What is your reason(s) for joining the Y? (Circle all that apply)

Better Overall Health Weight Loss Meet New People Family Fun Programs for Kids

Did a member refer you? Yes No If yes, Name of Member: _____

FOR REPORTING PURPOSES:

Ethnicity: African American/Black Asian/Pacific Islander Caucasian/White Hispanic Native American
 Other

Household Income: \$0-\$15,999 \$16,000-\$24,999 \$25,000-\$34,999 \$35,000-\$44,999 \$45,000-\$54,999
 \$55,000-\$64,999 \$65,000-\$74,999 \$75,000 AND ABOVE

TELL US ABOUT YOUR HOUSEHOLD (Please Print)

Additional Adult

First Name: _____ Last Name: _____

Email: _____ Birthdate: _____ Gender: Male Female

Primary Phone: (____) _____ Cell/Other Phone: (____) _____

Ethnicity: African American/Black Asian/Pacific Islander Caucasian/White Hispanic Native American Other

Dependants/Additional Adults

First Name _____ Last Name: _____ Birthdate: _____ Gender Male Female

Ethnicity: African American/Black Asian/Pacific Islander Caucasian/White Hispanic Native American Other

First Name _____ Last Name: _____ Birthdate: _____ Gender Male Female

Ethnicity: African American/Black Asian/Pacific Islander Caucasian/White Hispanic Native American Other

First Name _____ Last Name: _____ Birthdate: _____ Gender Male Female

Ethnicity: African American/Black Asian/Pacific Islander Caucasian/White Hispanic Native American Other

First Name _____ Last Name: _____ Birthdate: _____ Gender Male Female

Ethnicity: African American/Black Asian/Pacific Islander Caucasian/White Hispanic Native American Other

PLEASE READ AND SIGN BELOW

THE PURPOSE OF THE SONOMA COUNTY FAMILY YMCA IS TO DEVELOP THE PHYSICAL, MENTAL, SOCIAL AND SPIRITUAL WELFARE OF ITS MEMBERS AND CONSTITUENCY IN SONOMA COUNTY.

I hereby apply for membership with the Sonoma County Family YMCA and signify that I agree with its principles and purposes.

1. I understand that membership privileges are not transferable and are subject to the Association refund policy.
2. I understand that the YMCA does not carry accident insurance on its members or participants.
3. I understand that the YMCA is not responsible for money, valuables or other personal property that is either lost or stolen.
4. I understand that the YMCA has the right to revoke this membership at any time for conduct or action that is inconsistent with the goals of the Association.

I understand that if I wish to discontinue automatic check withdrawal, I must give the YMCA a written 30 day notice.

I understand the Join Fee is non-refundable and non-transferable.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to enter the YMCA for any purpose, including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering will, inspect such premises and facilities. It is further warranted that such entry into the YMCA for observation, participation or use of any facilities or equipment thereon has been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for the purposes of such observation or use.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION, USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY WAY, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. **THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE** the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, 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 of resulting death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein.
2. **THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA whether caused by the negligence of the releasees or otherwise.
3. **THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** due to the negligence of releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment hereon.

THE UNDERSIGNED further expressly agrees that the foregoing **RELEASE, WAIVER AND INDEMNITY AGREEMENT** is intended to be as broad and inclusive as is permitted by the law of the State of California 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 have been made.

I HAVE READ THIS RELEASE

X _____
Signature of Adult #1 Date

X _____
Signature of children 18-24 years of age Date

X _____
Signature of Adult #2 Date

X _____
Signature of children 18-24 years of age Date

X _____
Signature of Adult #3/Date (Family Plus Memberships only)

X _____
*If applicant is under 18 years of age, signature of parent or guardian is required.

OFFICE USE ONLY			
Date: _____	Staff Initials: _____	Membership Type: _____	
Join Fee: _____	Amount of First Payment: _____	Towel Service _____	Locker _____
Payment Option: ___ Annual ___ Quarterly ___ Monthly/E-Pay		E-Pay Date (Circle): 1 st 15 th	
Notes: _____			

