



Wilson Family YMCA

Pool Memberships

Beginning Date	
Ending Date	
Staff Initials	
Pool	Pool
<input type="checkbox"/> Adult	<input type="checkbox"/> Family

PLEASE PRINT:

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____ Gender: Female Male

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

E-mail address _____

Special Medical Conditions (Please list below if any or write NONE): _____

FAMILY MEMBERS: (Complete Below If Adding To the Membership)

	NAME	BIRTH DATE	SEX	RELATIONSHIP	EMPLOYER/ SCHOOL	CARD #
1		/ /				
2		/ /				
3		/ /				
4		/ /				
5		/ /				
6		/ /				

Emergency Contact Person & Phone Number:

YMCA MISSION: To put Christian principals into practice through programs that build healthy spirit, mind and body for all. The YMCA builds strong kids, strong families, and strong communities.

INFORMED CONSENT: In consideration of being permitted to utilize the facilities, services and programs of the YMCA for any purpose including, but not limited to, observation or use of facilities or equipment, or participation in any off-site programs affiliated with the YMCA, the undersigned for himself, herself and any personal representatives, executors and administrators, WAIVE, RELEASE, DISCHARGE AND COVENANT NOT TO SUE the Wilson Family YMCA, their directors, officers, employees and their agents for any and all injuries and other damages which he/she may suffer in connection with his/her participation in the program or any other activities. I understand membership may be suspended or revoked for failure to follow YMCA policies or rules. Furthermore, I understand that on occasion, photos for YMCA promotion/publicity may be taken in the facility and give my permission for the use of my/my family's likeness in such promotion. Membership cards must be presented to use facilities and services.

Signature _____

Date _____