



SALT FORK YMCA

Membership Application

740 East Yerby Street • Marshall, MO 65340 • 660-886-9622 • Fax 660-886-6599

(For Office Use Only)

Member #1 needs to be at least 18 years old

Member #1 (First, Middle, Last) (Person responsible for payment)		Preferred Name	Birth date	Gender Male Female	Member ID # -01
Mailing Address (local address)		Race _Native American _Alaskan Native _African American _Asian _Caucasian _Hispanic _Other _Unspecified	Marital Status _single _married _separated _divorced _widowed _unspecified		Member Type Y A F Hsld SC S Student
City	State	Zip Code	Home Phone	Cell/Other Phone	Member Since
Email		Employer/School			Expiration Date

A family member must be claimed as a dependent on your Federal Income tax return.

Member #2 needs to be at least 18 years old

Member #2 (First, Middle, Last)		Preferred Name	Birth Date	Gender Male Female	-02
Race _Native American _Alaskan Native _African American _Asian _Caucasian _Hispanic _Other		Home Phone	Email		
		Cell/Other Phone	Employer/School		
Child's First Name	Middle Name	Last Name	Preferred Name	Birth Date	Gender Male Female
			Race	Cell Phone	
			Birth Date	Male Female	-03
			Race	Cell Phone	
			Birth Date	Male Female	-04
			Race	Cell Phone	
			Birth Date	Male Female	-05
			Race	Cell Phone	
			Birth Date	Male Female	-06
			Race	Cell Phone	
			Birth Date	Male Female	-07
			Race	Cell Phone	
			Birth Date	Male Female	-08
			Race	Cell Phone	
			Birth Date	Male Female	-09
			Race	Cell Phone	
			Birth Date	Male Female	-10
			Race	Cell Phone	
Emergency Contact # 1	Relationship		Emergency phone number		

(Over Please)

DESTROY

DATE _____



SALT FORK YMCA

Membership Application

740 East Yerby Street • Marshall, MO 65340 • 660-886-9622 • Fax 660-886-6599

WAIVER AND RELEASE FROM LIABILITY

Liability Waiver: I understand that the Salt Fork YMCA (YMCA) assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition, or resulting from my observation or participation in any activity or use of facilities or equipment used for YMCA activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from my participation in these activities. I hereby release and discharge the Salt Fork YMCA, its agents, servants, and employees from any and all claims of injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities.

Property Loss: I understand that the YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using YMCA facilities or on YMCA program premises.

Photography Permission: I give my permission for the YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my image or voice for purposes of promoting or interpreting YMCA programs.

Insurance: I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all YMCA activities. The YMCA does not provide any accident or health insurance for its participants.

Medical Release: I authorize the YMCA, as my agent, to give consent to surgical or medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician if I cannot be contacted within a reasonable time or otherwise unable to give such consent. I authorize the YMCA to give first aid, CPR or other treatment by a qualified staff member.

Medical Clearance: If I answer "yes" to any of the following questions, I understand that it is my responsibility to complete an Informed Consent Waiver which may be obtained from the YMCA Member Service center. • Has a doctor ever informed you that you have high blood pressure? • Have you ever had a heart attack, heart surgery or any type of heart problem? ♦ Do you have any serious orthopedic problem? ◇ Are you pregnant? ◇ Is there any reason why you believe you should not be engaged in exercise?

Acceptance: This waiver and release is given for myself and on behalf of all the minor members of my family listed, if any. I acknowledge the conditions for membership state above. If any portions of this waiver are held to be invalid I agree that the remaining terms shall continue to be full legal force and effect. I have read, or have had read to me, and voluntarily sign this waiver and release from liability.

Everyone 18 years of age and older must read and sign the waiver and liability release.

Signature of parent/guardian/member (18 years or older)
Signature of parent/guardian/member (18 years or older)
Signature of parent/guardian/member (18 years or older)
Signature of parent/guardian/member (18 years or older)

Date
Date
Date
Date

For OFFICE USE ONLY

- Picture in Daxko
Membership Card(s)
Copy of photo ID(s)
EasyPay Signed
Copy of CC/Debit Card
Voided Check
Program Guide
Membership Packet
Member-Get-A-Member

(Over Please)

DESTROY

DATE _____