



# Vincennes YMCA Membership Application

Member First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Gender \_\_\_\_\_

Member Address \_\_\_\_\_ City \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_

Spouse First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Gender \_\_\_\_\_

Employer \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

### Family Membership Information (List Last Name if Different)

Child/Dependent Name	Gender	Birth Date
		/ /
		/ /
		/ /
		/ /
		/ /

In consideration of gaining membership or being allowed to participate and to use its facilities, equipment, and machinery, in addition to the waiver, release, and forever discharge the YMCA and its officers, agents and all others from any and all responsibilities or liability for injuries or activities or my use of equipment or machinery in the above mentioned any activities at said facility. I do also hereby release all of those on my behalf from any responsibility or liability for any injury or damage to me or act or omission of any of those mentioned or others, acting on their behalf connected with my participation in any activities of the YMCA or their to adhere to all policies set by the YMCA. Furthermore, I understand any YMCA purpose may be taken. I give my full permission for the use

\_\_\_\_\_  
**Printed Name**

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### YMCA Mission: To put Christian principles into practice through programs that build healthy spirit

### OFFICE USE ONLY

Date	Receipt#	Payment	Staff	Notes

Membership Type: \_\_\_\_\_ Payment Type:  Full Pay  E-Pay  Payroll

Member ID Number: \_\_\_\_\_