

PLEASE PRINT Grant County Family YMCA					Expiration Date	Application for Membership
Last Name					Today's Date	
First Name		Middle			Birthdate	
Gender	Marital Status	Home Street Address			City	State Zip Code
Home Phone		Cell Phone	E-Mail			Employer
Membership Type		Emergency Contact			Phone No.	Relation to Primary:
No.	Names of Family Members	Relationship	M/F	Birthday	Spouse employer/occupation/ or children's school	Grade
2.						
3.						
4.						
5.						
6.						

In consideration of my participation in the activities of the Grant County Family YMCA, I do hereby agree to hold free from any and all liability the YMCA and its respective officers, employees and members and do hereby for myself, my heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims for damages which I may have or which may hereinafter accrue to me arising out of or connected with my participation in any of the activities of the YMCA.

I hereby do declare myself to be physically sound, having medical approval to participate in the activities of the YMCA.

DEFINITION OF A MEMBER
 A person who agrees to cooperate with others in the accomplishment of the Young Men's Christian Association's accepted purpose, recognizes the fact that membership embraces all types of members and involves identification with a world-wide fellowship, and, after due application, is individually involved in the Association.

From time to time, we photograph activities at our facility. By signing below, you authorize your picture to be used for promotional purposes.

**Membership dues are generated on the first of every month.
 Membership dues are non refundable.
 Membership cancellation needs to be in writing.**

 SIGNATURE OF APPLICANT (Parent's Signature if under 18)

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