

# GREATER JOLIET AREA YMCA



## YMCA Facility Usage Form

Check the Branch you will use the most:  C.W. Avery  Galowich  Morris  Smith

Primary Adult: \_\_\_\_\_

Birthdate: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Your ethnic background:  Native American  Hispanic  Asian  
 African American  Caucasian  Other \_\_\_\_\_

Additional Adult: \_\_\_\_\_

Birthdate: \_\_\_\_\_  Male  Female

E-mail: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Your ethnic background:  Native American  Hispanic  Asian  
 African American  Caucasian  Other \_\_\_\_\_

Additional Adult: \_\_\_\_\_

Birthdate: \_\_\_\_\_  Male  Female

E-mail: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Your ethnic background:  Native American  Hispanic  Asian  
 African American  Caucasian  Other \_\_\_\_\_

### Children's Names/Additional Dependents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Birthdates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Male  Female  
 Male  Female  
 Male  Female  
 Male  Female  
 Male  Female

Membership #: _____
Mem. Type: _____
Staff: _____
Date: _____

### Who to contact in case of an emergency (other than those listed above):

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Participation Agreement:

For myself, and the other individuals listed on this Membership Application (if any), and my/our respective heirs, executors, and administrators, it is agreed as follows:

- I/We hereby make application to be enrolled as a member of the Greater Joliet Area YMCA and to cooperate with others in the accomplishment of the YMCA's accepted purpose.
- I/We recognize the fact that membership embraces all types of members and involves identification with a world-wide fellowship.
- I/We give my permission to the YMCA to use all photos, videos, voice, and images taken of me/us both in print and on the internet for the purposes of promoting YMCA programs and services. This may be done by the YMCA or an outside group that the YMCA has agreed to work with in the publicity of their programs.
- I/We understand the YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.
- I/We specifically assume all risks of injury arising out of my/our presence on or about the premises, or my/our use of or intended use of equipment or facilities, or my/our participation in the activities of the YMCA (an Illinois chartered not-for-profit corporation) on or about the premises or at another location.
- I/We waive, release, and forever agree to hold free from all claims for liability or damages arising out of, or in connection with my/our participation in YMCA activities and/or use of YMCA facilities, the Greater Joliet Area YMCA, and its respective officers, Trustees, Board of Directors, members, employees or agents.
- I/We hereby do declare myself/ourselves to be physically sound, and that I/We have medical approval to participate in the physical activities of the YMCA.

**Please Note:** By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law

**I have answered all questions on this application accurately and have read the information above agreeing for myself, and as a chosen representative for my family to the policies and procedures of the Greater Joliet Area YMCA.** I am aware that membership fees are non-refundable unless overcharged in error. If fees charged were too low based on incorrect information, services will not start until the balance is paid and no refund will be available. A thirty day period will be allowed to arrange for final payment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_