YMCA of Burlington & Camden Counties

Date:

Membership Application

Financial Assistance is available for those who can demonstrate need.
Please ask for application.

MEMBER NAME KeyCard Number:

First: _____ **MI:** _____ **Last:** _____

MEMBER INFORMATION

Street: _____

City:_____ State:_____ Zip:_____

Home #: _____ Cell #: _____

Birth Date:_____ Race: _____ Sex: F ____ M ____

Email:_____

Have you ever had a membership or registered for a YMCA program? ____ Y ____ N

PARENT/EMPLOYER

Name:_____

Street: _____

City: _____ State: _____ Zip: _____

Work #: _____ Cell #: _____

Email: _____

SEND MAIL TO: Home ____ Work: ____ E-Mail: _____

EMERGENCY CONTACT *Name* _____

Contact #: _____ *Relationship:* _____

TYPE OF MEMBERSHIP: ____ ***FULL*** ____ ***PROGRAM*** ***CATEGORY:*** _____

FAMILY MEMBERS **(Applicable for Full Facility Family, Household of Two and Family Program Memberships)**

Name (last if different)	Relationship	Sex	Birthdate	Race	KeyCard Number

PLEASE CONTINUE ON THE BACK OF FORM →

FAMILY MEMBERS (Cont.)

Name (last if different)	Relationship	Sex	Birthdate	Race	Key Number

AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of gaining membership or being allowed to participate in the activitites and programs of the YMCA of Burlington County and to use its facilities, equipment, and machinery in addition in the payment of any fee or charge, I do hereby waive, release and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA.
Please initial. _____

2. I understand and am aware that strength, flexibility and any type of aerobic exercise including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these acitivities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. **Please initial**. _____

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities and programs of the YMCA of Burlington County or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of execise equipment and machinery. I also acknowledge that it has been that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume al responsibility for my participation and activities, and utilization of equipment and machinery in my activities. **Please initial.** _____

4. It is the responsibility of every individual, their parent or legal guardian to provide for their own accident and health coverage while participating in all YMCA activities. The YMCA does not provide accident or health coverage for its participants. **Please initial**. _____

Signature: _____ **Date**:_____
(If member is a minor, parent or guardian signature required.)

FORM OF PAYMENT (*OFFICE USE ONLY*)

Method of Payment	**Initial Payment**	Location _____ ML _____ RF
___ Bank Draft -Credit Card, Check	___MC___DIS___VSA___AMX	Amount Paid w/ Application: $_____
___ Annual Payment	___CHECK ___CASH	Enrolled by: _____