

Join Date	Type of Membership	Open Doors: Yes or No _____ %	Other Comments:
Renewal Date		Corporate Discount: Yes or No _____	

First Name		Last Name		Sex M F	Date of Birth / /		
Home Address	Street						
	City, State, Zip Code						
Home Phone Number		Cell Phone Number		E-mail Address			
Spouse / Parent (if Youth) Info	First Name			Last Name			
	Date of Birth / /	Sex M F	Cell Phone Number				
Employer				Spouse's Employer			
Emergency Contact Name				Emergency Contact Phone Number			
Child's Name	Date of Birth	Sex		Child's Name	Date of Birth	Sex	

Memberships must be kept for a minimum of six (6) months.
A 30 DAY WRITTEN NOTICE IS REQUIRED TO CANCEL.
MEMBERSHIPS ARE NON-REFUNDABLE.

Signature Date

By signing on the line below, I acknowledge that I have received a copy of the New Member Handbook, which lists the polices of the Union County Family YMCA and that I am responsible for the information contained in this handbook.

Signature Date

INFORMATION CONSENT & RELEASE STATEMENT

"In consideration of my participation in the activities of the Union County Family YMCA, I do hereby declare myself (and/or my dependent (s)/ spouse) to be medically able to participate in the activities of the Union County Family YMCA. I understand that there are risks involved in all physical activities and I agree to familiarize myself (and/or family) with all equipment, facilities, rules, and physical demands related to the activities I/we undertake. I agree to hold free from any and all liability the Union County Family YMCA and its respective officers, employees, members, volunteers and sponsors 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 hereafter accrue to me arising out of or connected with my participation in any of the activities of the YMCA."

Signature Date

(turn over please)