



SANTA ANITA FAMILY YMCA

501 S. Mountain Ave. Monrovia, CA 91016

(626) 359-9244 (626) 359-9247 fax

Date: _____

ATS Annual

Type _____

MEMBERSHIP APPLICATION

NAME _____
First Middle Initial Last

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

GENDER M _____ F _____ DATE OF BIRTH ____/____/____ MARITAL STATUS _____

HOME PHONE: _____ WORK PHONE _____ CELL PHONE _____

E MAIL: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

Please complete the following areas regarding income and ethnicity. This information is significant for the YMCA's use in obtaining outside funding. This information is kept in strict confidence. **Thank you.**

<u>Annual Household Income</u>		<u>Ethnicity</u>	
Under \$10,000 _____	\$30,000-40,000 _____	Asian _____	Native American _____
\$10,000-20,000 _____	\$40,000-50,000 _____	Caucasian _____	African-American _____
\$20,000-30,000 _____	Over \$50,000 _____	Hispanic _____	Other _____

IN CASE OF EMERGENCY NOTIFY: NAME _____
PHONE _____

Fill out this portion of the application if other members of your family are included in this membership. (Must be eligible as a dependent on your Federal Income Tax forms)

First Name	M/I	Last Name	Sex	Employer/School	Date of Birth

Would you be willing to volunteer some of your time? (i.e.: Board, Committee, Program, other) YES _____ NO _____

Area of interest _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to enter the YMCA for any purpose, including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she, or immediately upon entering will, inspect such premises and facilities. It is further warranted that such entry into the YMCA for observation, participation, or use of any facilities or equipment constitute an acknowledgment that such premises and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being and reasonably suited for the purpose of such observation or use.

IF FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION, USE OF FACILITY, OR EQUIPMENT, OR PARTICIPATION IN ANY WAY, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED RELEASED, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, next of kin for any loss or damage, and any claim or demands therefor on account of injury to the persons or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned I in, upon, or about the premises or any facility or equipment therein.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or costs that may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to the negligence of releases or otherwise while in, about or upon premises of the YMCA and or while using the premises or any facility or equipment hereon.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER AND OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written have been made.

I HAVE READ THE RELEASE

Signature of Applicant/Parent

Date

Print Applicants Name

Staff Signature

For office Use only

Membership fee _____
Joining fee _____
Prorated fee _____
Locker fee _____
Total due _____

Payment Method:

Cash _____
Check # _____
Credit Card _____