

Date of Application _____

Hamilton Area YMCA



YMCA

We build strong kids,
strong families, strong communities.

For Office Use Only	
Membership #	_____
Membership Code	_____
Bank Draft	Yes _____ No _____
PAR Q Completed	Yes _____ No _____
Staff Initials	_____ Date _____
Facility Mbr. Given Passes	Yes ____ No ____

Application for Membership

MEMBER INFORMATION (please print)

First Name _____ MI _____ Last Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ E-mail _____ DOB _____ Sex _____

Employer/School _____ Occupation _____

Work Phone _____ Cell Phone _____ Pager _____

Emergency Contact #1 _____ Day Phone _____ Evening Phone _____

Emergency Contact #2 _____ Day Phone _____ Evening Phone _____

FAMILY MEMBERSHIP INFORMATION (Please Be Sure to List Last Name if Different)

Spouse's Name _____ DOB _____ Sex _____

Employer _____ Occupation _____

Work Phone _____ E-mail _____

Dependent/Children's Names	Sex	DOB	School	Special Interests

VOLUNTEERS

The YMCA is a volunteer driven organization. We utilize volunteers in programs such as Special Kids Organized Recreation (S.K.O.R.), special events, and many day to day activities.

Would you like a staff member to contact you regarding volunteer opportunities at this time? Yes _____ No ____ If no, in the future? _____

If yes, what special skills could you share with us? (i.e. coach, technical, maintenance, other) _____

If yes, in what areas are you interested in volunteering? _____

Please complete the remainder of this application on the reverse side.

OPTIONAL QUESTIONS:

Do your children have health insurance?
Yes _____ No _____

If NO, do you know about NJ FamilyCare—New Jersey
Affordable health coverage with quality care?
Yes _____ No _____

If NO, would you like some information about NJ FamilyCare
mailed to you?
Yes _____ No _____

If NO, please feel free to contact New Jersey FamilyCare at
1.800.701.0710 or www.njfamilycare.org.

How did you hear about the Hamilton Area YMCA?

- Newspaper
- Brochure
- Member
- Website
- Other _____

What activities do you plan to participate in?

Any other information you wish to share with us?

Thank you for joining the Y family!

INFORMED CONSENT/LIABILITY WAIVER AGREEMENT

I/We the undersigned, realize that there may be medical risks associated with physical exercise, the use of this facility, and the Sawmill Branch facility, or use of equipment within these facilities. I/We also recognize that the Hamilton Area YMCA/Sawmill Branch cannot evaluate my/our physical abilities and/or medical limitations as they may pertain to my participation in programs, the use of the facilities or equipment within the facilities. Therefore, I/We assume all responsibility for undergoing a thorough medical evaluation by licensed medical professional, including, but not limited to, the assessment of pertinent potential limitations on exercise, participation in Hamilton Area YMCA/Sawmill Branch programs, and the use of facilities and equipment related, either within the Whitehorse-Mercerville Road YMCA property or at the Sawmill Branch property.

Furthermore, in consideration of my/our participation in the activities of the Hamilton Area YMCA/Sawmill Branch, we do hereby agree to hold free from any and all liability the Hamilton Area YMCA/Sawmill Branch, its respective officers, employees, and members, for any injury sustained by me/us due to any action or inaction including, but not limited to negligence, on the part of any and all of the aforementioned parties. I/We do hereby for myself/ourselves, heirs, executors, and administrators, waive release and forever discharge any and all rights and claims for damages which I/We may have or which may hereafter accrue to me arising out of or connected with my/our participation in any of the activities of the Hamilton Area YMCA/Sawmill Branch, use of equipment in either or both of its facilities and/or use of the facilities or properties.

The Hamilton Area YMCA/Sawmill Branch reserves the right to photograph or film any member and use said pictures or film for any form of advertising or promotion as deemed appropriate.

Children 13 years of age or under must be accompanied by parent/guardian at all times.

TERMS AND CONDITIONS

The Hamilton Area YMCA/Sawmill Branch reserves the right to revoke the membership privileges of any person who abuses or misuses any of the equipment or facilities located on its premises, who engages in conduct which is abusive, illegal, disruptive, or poses a threat to the safety of others, or who does not adhere to all rules and regulations. Membership fees are non-refundable. The Hamilton Area YMCA/Sawmill Branch reserves the right to close the facility for annual maintenance and repairs.

I/We, the undersigned have read, understand and agree to all of the above.

Signature* _____ Date _____

Signature* _____ Date _____

** If under 18 years of age, parental signature is required.*