



YOUTH APPLICATION FOR MEMBERSHIP

DATE	
BARCODE	
FACILITY ACCESS	

www.sarasota-ymca.org

We build strong kids, strong families, strong communities.

PRIMARY BRANCH	<input type="checkbox"/> Frank G. Berlin, Sr.	<input type="checkbox"/> Babe Weiller	<input type="checkbox"/> Evalyn Sadlier Jones	<input type="checkbox"/> Hardee County	
TYPE OF TRANSACTION	<input type="checkbox"/> PIF	<input type="checkbox"/> PD	<input type="checkbox"/> Short Term	<input type="checkbox"/> EFT	<input type="checkbox"/> Scholarship

PLEASE PRINT ALL INFORMATION

PARENT INFORMATION

NAME	DATE OF BIRTH	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
EMPLOYER	WORK PHONE (Include Area Code)	

HOME ADDRESS

STREET ADDRESS	APT.	CITY	STATE	ZIP
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EMAIL ADDRESS

EMAIL ADDRESS	PHONE NUMBER HOME PHONE (Include Area Code)
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EMERGENCY CONTACT

NAME & RELATIONSHIP	PHONE NUMBER (Include Area Code)
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YOUTH INFORMATION

NAME	DATE OF BIRTH	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		
STREET ADDRESS	APT.	CITY	STATE	ZIP
EMAIL ADDRESS	RACE <input type="checkbox"/> African-American <input type="checkbox"/> Indian <input type="checkbox"/> American-Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Bi-Racial			
PHONE NUMBER (Include Area Code)				

INFORMED CONSENT

In consideration of being permitted to utilize the facilities, services and programs of the YMCA for any purpose including, but not limited to, observation or use of facilities or equipment, or participation in any off-site programs affiliated with the YMCA, the undersigned for himself, herself and any personal representatives, executors and administrators, **WAIVE, RELEASE, DISCHARGE AND COVENANT NOT TO SUE** the Sarasota Family YMCA, Inc., their directors, officers, employees and their agents for any and all injuries and other damages which he/she may suffer in connection with his/her participation in this program or any other activities. I understand that this release includes any claims based on negligence, action or inaction of the YMCA staff, directors, members and guests.

Any person who supports the purpose may become a member of this corporation (YMCA) in accordance with such provisions as may be established by the board of directors, and shall so continue to be a member unless the Board or its authorized agent concludes, in its sole discretion, that a member has failed to live up to the standards and commitments of being a member of this YMCA.

Furthermore, I understand that on occasion, photos for YMCA promotion / publicity may be taken in the facility and give my permission for the use of my / my family's likeness in such

ACCEPTANCE

I ACKNOWLEDGE THE WAIVER AS STATED ABOVE

SIGNATURE OF PARTICIPANT	PRINT NAME	DATE
SIGNATURE OF PARENT OR GUARDIAN (if under 18)	PRINT NAME	DATE

INITIAL PAYMENT Amount Paid \$ _____ <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Gift Certificate <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	ENROLLED BY _____ Please PRINT Your Class Usercode
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