



YMCA SOUTHCOAST Guest Waiver

Date _____

INCOMPLETE FORMS OR THOSE WITHOUT PAYMENT WILL BE RETURNED UNPROCESSED

Parent/Guardian Name For Youth and Teen under age 18			Date of Birth		Gender	
First Name	MI	Last Name	Date of Birth		Gender	
Mailing Address			City		State	Zip
Contact Phone			Cell Phone/Other			
Email Address						
Employer			Work Phone			
Emergency Contact			Phone		Relationship	
Check here if you do not want pictures taken of yourself or family members						
<p>In consideration of gaining membership or being allowed to participate in the activities and programs of the Y and to use its facilities, equipment, and machinery, in addition to any fee or charge, I do hereby waive, release, and forever discharge the Y and its officers, agents, employees, representatives, (collectively "the Y"), from any and all responsibilities and liability for injuries or damages to myself, including those caused by the negligent act or omission of the Y, or in any way arising out of our connected with my participation in any activity at the Y or the use of equipment at the Y. I give permission for the Y to take photographs for use in Y promotional materials while I/we participate at YMCA SOUTHCOAST facilities. I agree to adhere to all policies set forth by the Y. TO ENSURE THE SAFETY AND WELL-BEING OF THE CHILDREN AND FAMILIES IN OUR CARE, ALL APPLICATIONS WILL BE SCREENED THROUGH A NATIONAL SEX OFFENDER DATABASE.</p>						
Signature				Date		



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Signature				Date		

IF FAMILY, PLEASE LIST OTHER MEMBERS

First Name	MI	Last Name	M F	Race	Birth Date	Relationship

How did you hear about the Y? Please check all that apply

- | | | | | |
|--------------------------------------|--|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Place of Employment | <input type="checkbox"/> Medical Referral | <input type="checkbox"/> Member | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Camp/Child Care | <input type="checkbox"/> TV | <input type="checkbox"/> Website | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Live in Area | <input type="checkbox"/> Donor | <input type="checkbox"/> Y Brochure | <input type="checkbox"/> Other |

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