



The Silver Falls Family YMCA
 We're For Youth Development, Healthy Living, and Social Responsibility

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEMBERSHIP APPLICATION

Please Print

Last Name		First Name		Initial	Renewal Month
Address		Mailing Address (if different)			
City		State	Zip		
Home Phone	Work Phone		Date of Birth		
Family Email Address: (print carefully to be exact)			How did you hear about the YMCA?		
Employer		Spouse Employer			

Family Members to be Included with this Membership

Spouse First Name	Last Name	M. I.	M or F	Relationship	Date of Birth
Child's First Name	Last Name	M. I.	M or F	Relationship	Date of Birth
Child's First Name	Last Name	M. I.	M or F	Relationship	Date of Birth
Child's First Name	Last Name	M. I.	M or F	Relationship	Date of Birth
Child's First Name	Last Name	M. I.	M or F	Relationship	Date of Birth
Child's First Name	Last Name	M. I.	M or F	Relationship	Date of Birth

Emergency Contact Information

Family Doctor		Doctor's Phone Number
Hospital Preference	Ambulance Preference	
Emergency Contact	Phone Number	Alternate Phone

This application indicates my approval that, in the event of my sickness, the Silver Falls Family YMCA has my authorization under emergency conditions to secure, at my expense, such medical attention as deemed necessary if unable to communicate with me directly. I understand that any photos of myself and/or my family members may be used for publicity purposes. Also, I understand that the Silver Falls Family YMCA does not carry accident or health insurance and that I am participating in all activities at my own risk.

The basic objective of the silver Falls Family YMCA is to aid in the development of Christian standards of living, conduct and life purpose of its members and constituency. In the attainment of this goal, the Association seeks to promote the physical, mental, social, and spiritual growth of persons, to emphasize reverence for God, development of leadership, responsibility for the common good, respect for personality and the application of the Golden Rule in human relationships.

I hereby agree to observe the rules and policies of the Silver Falls Family YMCA and to submit the necessary membership dues to remain a member in good standing.

Signature: _____

Date: _____

~ CONTINUED ON BACK ~

Silver Falls Family Young Men's Christian Association
MEMBERSHIP
Release, Waiver, Indemnity Agreement & Representation

IN CONSIDERATION of being permitted to utilize the facilities and services, and to participate in the programs of the Silver Falls Family Young Men's Christian Association (the YMCA), I, for myself and for each of my family members listed on the reverse side of this application, as well as for all heirs, successors in interest, and personal representatives, acknowledge, agree, and represent as follows:

That each of us has carefully inspected and evaluated each YMCA facility, service or program that we may use and have found the same to be safe and reasonably suited for the purpose of our use and participation;

That each of us hereby accepts full and exclusive responsibility for any and all injuries and damages that we may suffer as the direct or indirect result or consequence of our use of any of the facilities, equipment and services of the YMCA or our participation in the programs of the YMCA; and hereby releases, waives, discharges, covenants not to sue, or agrees to fully indemnify and save and hold harmless, the YMCA, its directors, officers, employees, and agents for injury or damage to us arising out of or in any way directly or indirectly relating to such use or participation including but not limited to our observation of any YMCA program or service;

That neither I, nor any person listed has ever been convicted of a sexual offense or registered as a sex offender in any jurisdiction; that I understand that the Silver Falls Family YMCA does not carry accident or health insurance and that I am participating in program activities at my own risk. That I have completely read, understood and voluntarily executed this document on the date set forth by my signature on the application.

Signature

Date:

Membership Type Selection

_____ Community Membership (Yearly)	Payment	_____ Association Membership (Monthly)	Payment
<ul style="list-style-type: none"> • Household membership • Discounts on fees • 12 FoF pool passes 	\$40/year	<ul style="list-style-type: none"> • Full Community Member benefits • Use of Salem YMCA facilities and programs 10 days per month 	\$30 x ___ months
	Total: \$_____		Total: \$_____

For Office Use Only

Dated Received: _____

Staff Initials: _____

Welcome/Renewal Letter Sent

Received Amt.: _____

Check No.: _____

Card Issued

Receipt No.: _____

Interest Notes: _____
