



Blair Regional YMCA Membership Application

Please print (clearly)

Method of Payment: Monthly or Annual

Annual: _____ JF \$41.00 _____

E-Pay: 1st or 15th _____

Quarterly: _____ (must be paid in FULL, no refunds)

Membership TYPE: _____

Primary Name: (required to list adult name if under 18)

First _____ Middle _____ Last _____

Gender: _____ D.O.B. _____

Address: _____

City, State, Zip: _____

Phone #: (cell) _____ (home) _____

Email: _____

Emergency Contact Name: _____ Emergency number: _____

Additional names in membership if needed:

(Family 1 or 2 adults plus dependents under 24 age who live with them.)

First _____ M. _____ Last _____ Gender _____ DOB _____

First _____ M. _____ Last _____ Gender _____ DOB _____

First _____ M. _____ Last _____ Gender _____ DOB _____

First _____ M. _____ Last _____ Gender _____ DOB _____

First _____ M. _____ Last _____ Gender _____ DOB _____

First _____ M. _____ Last _____ Gender _____ DOB _____

YMCA Volunteer: we are always in need of volunteers. Interested? Yes or No

The Blair Regional YMCA Board of Directors, alongside the Executive and Membership Director, may, at their discretion, adjust the monthly rate applicable to my membership category. I understand that I will be notified of the rate increase prior to the adjustment. _____ (Initial)

Quarterly Memberships:
A prepaid 3-month membership and I understand this is a **non-refundable** category. _____ (Initial)

Release of Blair Regional YMCA from Liability

- ✓ In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the YMCA and its officers, agents, employees, representatives, executors and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities, death and sickness or disease, to include Covid-19 virus at said facility.

I do hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability from any injury or damage to myself, including those caused by the negligent act or mission of any of those mentioned or others, acting on their behalf or in any way arising out of connection with the participation in any activities of the YMCA or the use of any equipment of the YMCA.

- ✓ *By voluntarily signing below, I confirm that I am not and have never been registered as a sex offender nor convicted of a sexually based crime. _____ (Initial)*

- ✓ I agree to abide by the rules and regulations of the Blair Regional YMCA that are designed for the enjoyment of all members. I understand that participation in Y membership is a privilege and the YMCA reserves the right to revoke these privileges as necessary. *I have read and hereby voluntarily sign this authorization and release form. _____ (Initial)*

It is my complete understanding that if I choose to terminate my membership, I must give the Blair Regional YMCA a full 30-day notice, complete (paper) Membership Exit Form., and I will be charged an additional one-month fee (equal to the draft amount) that will be charged to my account as a final draft. _____ (Initial)

Signature: _____ **Date:** _____

Office use: (notes) _____ **Staff Initial:** _____