

## Welcome to the Gateway Region YMCA!

Member Name

O Youth Guest Application – one per household

Parent/Guardian Co	ntact Information (Adult	18+)
		O M O F
Primary Adult First Name	Primary Adult Last Name	Date of Birth
Home Address	City	State Zip
Primary Phone Number	Secondary Phone Number	Primary Email Address
Emergency Contact	Relationship	Phone Number
<b>fouth Guests</b> First Name (and Last if dif	ferent) Date of Birt	th Gender Race/Ethnicity
l.		
The Y reserves the right to cancel a post interests of the organization may be the interest of the ores, infections, maladies or inability to one ores, infections, maladies or inability to his agreement could result in suspension that if you engage in any physical exercincludes, without limitation, your use of the interest of the interes	NECTION WITH USE OF THE FACILITY: You acidities. You agree that you will not use the fact maintain personal hygiene, if such condition point or termination of membership privileges. ASS see or activity, use any of the branch facilities or the locker room, any pool, whirlpool, sauna, stetion as well as your use of or presence on the pime all risk of injury or the risk of contraction of HOTOGRAPH & VIDEO RELEASE: For adequatives permission for the YMCA to use, without limpurposes of promoting or interpreting YMCA progracipants, and guests. If a sex offender match occus, NATIONWIDE MEMBERSHIP ACCESS: By main's Christian Associations of the United States of the Common of the United States of the United States of the Common of the United States o	est, or applicant whose actions are not deemed to be in the
aused by NEGLIGENCE of the part of th	Signature on behalf of everyone in the househo	old Date