



For Office Use Only				
Application Received	_____			
Membership Type	N	P	F	FP
Expiration Date	_____			
Staff Initials	_____			
Handbook Provided	_____			

2010 Application for Family Pool & Recreation Center Membership

Please circle type applying for:	after May 19, 2010			
	Hamilton Area YMCA Facility/Facility Plus Member	Hamilton Area YMCA Program Member/ Non-Member	Hamilton Area YMCA Facility/Facility Plus Member	Hamilton Area YMCA Program Member/ Non-Member
Family	\$240.00	\$480.00	\$265.00	\$505.00
Single	\$190.00	\$380.00	\$215.00	\$405.00
Camp Families*	\$216.00	\$432.00	\$238.50	\$454.50
If member, please list membership number _____		*Must have a camper registered for 4 or more weeks of camp.		
Name on membership _____		All Hamilton Area YMCA Memberships must remain current thru term of pool membership \$25.00 late fee for all registrations after 5/19/10.		

Applicant Name _____ DOB _____ Sex _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ E-mail _____

Employer/School _____ Occupation _____

Work Phone _____ Cell Phone _____ Pager _____

Emergency Contact #1 _____ Day Phone _____ Evening Phone _____

Emergency Contact #2 _____ Day Phone _____ Evening Phone _____

Family Information (List Last Name if Different)

Spouses Name _____ DOB _____ Sex _____

Employer _____ Occupation _____ Work Phone _____

Dependent/Children's Names	Sex	DOB	School

Please complete the remainder of this application on the reverse side.

INFORMED CONSENT/LIABILITY WAIVER AGREEMENT

I/We the undersigned, realize that there may be medical risks associated with physical exercise, the use of this facility, and the Sawmill Branch facility, or use of equipment within these facilities. I/We also recognize that the Hamilton Area YMCA/Sawmill Branch cannot evaluate my/our physical abilities and/or medical limitations as they may pertain to my participation in programs, the use of the facilities or equipment within the facilities. Therefore, I/We assume all responsibility for undergoing a thorough medical evaluation by licensed medical professional, including, but not limited to, the assessment of pertinent potential limitations on exercise, participation in Hamilton Area YMCA/Sawmill Branch programs, and the use of facilities and equipment related, either within the Whitehorse-Mercerville Road YMCA property or at the Sawmill Branch property.

Furthermore, in consideration of my/our participation in the activities of the Hamilton Area YMCA/Sawmill Branch, we do hereby agree to hold free from any and all liability the Hamilton Area YMCA/Sawmill Branch, its respective officers, employees, and members, for any injury sustained by me/us due to any action or inaction including, but not limited to negligence, on the part of any and all of the aforementioned parties. I/We do hereby for myself/ourselves, heirs, executors, and administrators, waive release and forever discharge any and all rights and claims for damages which I/We may have or which may hereafter accrue to me arising out of or connected with my/our participation in any of the activities of the Hamilton Area YMCA/Sawmill Branch, use of equipment in either or both of its facilities and/or use of the facilities or properties.

The Hamilton Area YMCA/Sawmill Branch reserves the right to photograph or film any member and use said pictures or film for any form of advertising or promotion as deemed appropriate.

Children 13 years of age or under must be accompanied by parent/guardian at all times.

TERMS AND CONDITIONS

The Hamilton Area YMCA/Sawmill Branch reserves the right to revoke the membership privileges of any person who abuses or misuses any of the equipment or facilities located on its premises, or who engages in conduct which is abusive, illegal, disruptive, or poses a threat to the safety of others. Membership fees are non-refundable. The Hamilton Area YMCA/Sawmill Branch reserves the right to close the facility for annual maintenance and repairs.

I/We, the undersigned have read, understand and agree to all of the above.

Signature _____

Date _____

Signature _____

Date _____

