



For office use only
Rate: _____ Date: _____ Initial: _____

MEMBERSHIP APPLICATION

MEMBERSHIP PLAN (Circle One)

- o Monthly - New / Renewal

TYPE OF MEMBERSHIP (Choose One)

- o FAMILY
- o ADULT COUPLE (HUSBAND & WIFE)
- o INDIVIDUAL ADULT (18-65)
- o SENIOR COUPLE (At least one member 65+)
- o SENIOR INDIVIDUAL (65+)
- o RENEW ACTIVE
- o FULL TIME COLLEGE STUDENT (17-22)

MEMBER INFORMATION

Gender: M / F

First Name _____ M.I. _____ Last Name _____
 Street Address _____ City _____ State _____ Zip _____
 E-mail Address _____ Date of Birth _____ / _____ / _____
 Home Phone _____ Cell Phone _____ Business Phone _____

COVID-19 Vaccinations Yes / No

CO-APPLICANT MEMBER

Gender: M / F

First Name _____ M.I. _____ Last Name _____
 Street Address _____ City _____ State _____ Zip _____
 E-mail Address _____ Date of Birth _____ / _____ / _____
 Home Phone _____ Cell Phone _____ Business Phone _____

COVID-19 Vaccinations Yes / No

CO-APPLICANT MEMBER

Gender: M / F

First Name _____ M.I. _____ Last Name _____
 Street Address _____ City _____ State _____ Zip _____
 E-mail Address _____ Date of Birth _____ / _____ / _____
 Home Phone _____ Cell Phone _____ Business Phone _____

COVID-19 Vaccinations Yes / No

EMERGENCY CONTACT _____ Relationship _____ Phone Number _____

PLEASE READ AND INITIAL EACH POLICY.

- _____ I/We understand that membership is nonrefundable and nontransferable and Shorefront Y does not provide an option to freeze membership accounts.
- _____ I/We understand that purchasing Monthly membership requires an annual registration fee.
- _____ I/We understand that Membership is not based upon usage and is not transferable. Refund cannot be issued for non-use of the facilities.

Signature _____ Date _____ / _____ / _____

PLEASE INITIAL EACH STATEMENT

_____ *I/We agree to abide the rules and policies of the Shorefront YM-YWHA. Membership is a voluntary privilege which may be suspended or revoked at the discretion of the organization's administration due to inappropriate actions or behavior of a member or his family/guests.*

_____ *Membership at the Shorefront Y is neither transferable nor refundable.*

_____ *Valid membership card must be presented each time the member attends the facility. I/We understand that we must be in good financial standing with the Shorefront YM-YWHA in order to be admitted to the facility, to rejoin as a member or to enroll in other programs of the organization.*

_____ *I/We acknowledge and agree that participation in physical conditioning and recreational programs is at my own and/or my family's risk. I/We understand and accept the risks associated with participation in activities at the Shorefront Y and use of the facilities and agree that neither the Shorefront Y nor any of its officers, directors, agents, employees, volunteers, independent contractors, or any other person associated with the Shorefront Y, will be liable for any personal injury or damage to myself or others. The Shorefront Y shall not be responsible or liable for any accident, injury, loss or damage whatsoever sustained by me, my family members or my guests, which may occur on or about the Shorefront Y sponsored activity.*

_____ *It is the responsibility of every individual to provide for his/her own accident and health coverage while participating in all Shorefront Y activities. The Shorefront Y does not provide any accident or health coverage for its members, guests or participants. I/We understand that the sports and fitness activities offered by the Shorefront Y are physical and include known and unknown risk of injury to oneself, family, or guests in the use of any facilities or apparatus, or participation in any exercise, health or wellness program. Specific risks vary from one activity to another and the risks range from minor to major injuries. I/We hereby freely and voluntarily acknowledges these risks and hereby releases, waives, discharges, and agrees not to sue, should a known or unknown hazard, which is inherent to any particular Activity, lead to injury or death.*

_____ *In case of emergency or if I become injured while attending or participating in a Shorefront Y function or program, I give permission for the Shorefront Y to access emergency care on my behalf or on behalf of my family member or guest.*

_____ *I/We further agree that the Shorefront Y shall not be responsible or liable for any loss or damage whatsoever to personal property owned by me, my family members or my guests, which may occur on or about Shorefront Y premises.*

_____ *I/We agree that we have read and voluntarily signed the release and waiver of liability and assumption of risk agreement & further agree that no oral representation, statement, or inducement apart from foregoing written agreement has been made.*

_____ *The Shorefront YM-YWHA reserves the right to use all pictures and videos for publicity purposes.*

_____ *I understand that by providing my contact information, I agree to receive communication from the Shorefront Y. I understand that I may opt out of receiving such communications at any time.*

TERMS OF MEMBERSHIP

Initial/Annual Registration Fee of \$25 (Adult Couple, Senior Couple) and \$15 (Individual Adult, Senior Individual) should be paid upon registration for Monthly memberships.

Please read it carefully before signing.

Signature _____ Date _____ / _____ / _____