

# PIKE COUNTY YMCA APPLICATION OF MEMBERSHIP

**Primary Member**

E-Mail Address \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Card Issued \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Birth date (M/D/Y) \_\_\_\_\_

M / F \_\_\_\_\_  
Sex \_\_\_\_\_ Employer \_\_\_\_\_ School \_\_\_\_\_

**Additional Family Membership Information**

\_\_\_\_\_ ( ) \_\_\_\_\_   
Spouse \_\_\_\_\_ Birth date (M/D/Y) \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Card Issued \_\_\_\_\_

**Additional Family Members (only those supported by Primary Member)**

Name	Birth date (M/D/Y)	M / F	School	Card Issued <input type="checkbox"/>
Name	Birth date (M/D/Y)	M / F	School	Card Issued <input type="checkbox"/>
Name	Birth date (M/D/Y)	M / F	School	Card Issued <input type="checkbox"/>
Name	Birth date (M/D/Y)	M / F	School	Card Issued <input type="checkbox"/>
Name	Birth date (M/D/Y)	M / F	School	Card Issued <input type="checkbox"/>
Name	Birth date (M/D/Y)	M / F	School	Card Issued <input type="checkbox"/>
Name	Birth date (M/D/Y)	M / F	School	Card Issued <input type="checkbox"/>

**Waiver:** I understand that participating in physical activity has inherent risks for injury. I hereby, for myself, all persons included on this membership, my heirs, executors, and administrators waive and release any and all claims and rights for damages I may have against the Pike County YMCA and their executive agents, representatives, successors, and assignees for any and all injuries which may be suffered by me in conjunction with my participation in any YMCA activity. I further understand that all YMCA memberships are non-refundable.

Signature of Primary Member \_\_\_\_\_ Date (M/D/Y) \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ ( ) \_\_\_\_\_

**Office Use Only:**

Membership Type (Circle One) **Family;**      **Adult;**      **Senior;**      **Teen;**      **Youth**

Amount Paid \_\_\_\_\_ Receipt # \_\_\_\_\_

Payment Method: (Circle One)      **Annual Pay;**      **Bank draft:**      **Payroll Deduct**