

YMCA of the Upper Main Line Membership Application

Lionville Community YMCA • Upper Main Line YMCA

Primary Member (00): _____
Last First MI M/F Birth Date Member Number

Residence: _____
Street City State Zip Twntship Home Phone Email

Employer: _____
Company Name and Address Business Phone

Emergency Contact: _____
Relationships Business Phone Home Phone

Spouse (01): _____
Last First MI M/F Birth Date Member Number

Spouse's Employer: _____
Company Name and Address Business Phone

Dependents:

First Name	MI	Last Name	M/F	Birth Date
(02)				
(03)				
(04)				
(05)				

How did you hear about the YMCA?

☐ Friend ☐ Former Member

☐ Community Event

☐ Mailing

☐ Other _____

Membership Type:

Branch Youth (2010) Adult (3010) Family (4010) Senior Individual (3110) Senior Family (4110)

Association Youth (2020) Adult (3020) Family (4020) Senior Individual (3120) Senior Family (4120)

College Local (3262) Away (3261)

☐ Program Mem.

☐ Paid in Full

☐ Bankdraft

checking credit card

Areas of Interest:

Volunteerism Aquatics Youth Sports Fitness Child Care Family Activities Arts/Music Other _____

Optional Response – used for grant applications:

☐ Caucasian ☐ Hispanic ☐ African American ☐ Asian ☐ Native American ☐ Other

Household Income – Optional Response – used for grant applications:

☐ 0-25K ☐ 25-50K ☐ 50-100K ☐ 100K+

CONDITIONS OF MEMBERSHIP

Members are required to present a valid membership card for identification when entering YMCA facilities. Lost cards must be replaced for a fee. Members agree to abide by the policies of the YMCA. Cards are the property of the YMCA & must be returned upon cancellation of membership. Membership fees are non-refundable.

Revised on 06/07/05

PARTICIPATION AGREEMENT

This Participation Agreement is between _____ (participant) and the YMCA of the Upper Main Line, which is also known as "UMLY" and includes the Lionville Community YMCA (collectively, "UMLY").

NOTICE – Please read this carefully

Anyone starting a new exercise program, sport or recreational activity should consult with a physician before doing so.

I, the Participant listed above, desire to use programs, facilities and/or equipment of the UMLY.

I acknowledge that I voluntarily am choosing to participate in UMLY programs and/or use UMLY facilities and/or equipment. I am under no obligation to do so. I understand that there are risks associated with any recreational activity or fitness program. I understand that there are risks involved in the use of facilities and equipment such as swimming pools, diving boards, saunas, basketball courts, gymnastics equipment, treadmills and all other exercise or fitness equipment. I have been advised by UMLY to consult with a physician prior to undertaking any fitness program or recreational activity, and I know that UMLY does not provide medical advice or medical care. I accept the risk of participating in UMLY programs and will not hold UMLY responsible for any injury or illness arising from my use of UMLY facilities or equipment or participation in any UMLY activities.

In exchange for allowing me to use UMLY facilities and participate in UMLY programs, I hereby waive and release any and all rights and claims against the UMLY, its officers, directors, employees, members, and/or volunteers, for any and all damages which may be sustained by me or my minor child(ren) as a result of my use or my minor child(ren)'s use of any UMLY facilities or equipment or my participation in any UMLY programs.

I also grant permission to UMLY to use photographs and video of me for any and all UMLY publicity purposes.

WITNESS:

PARTICIPANT
(or parent/guardian if Participant is a minor or incapacitated)

_____ Date _____