



GUEST, DAY PASS, SPECIALTY USE APPLICATION

Daxko ID# _____

Effective Date: _____

NAME

MR. MRS. MS. DR. _____ FIRST NAME _____ MI _____ LAST NAME _____

BIRTH DATE ____/____/____ GENDER M F EMAIL _____
Not Allowed for Ages 7-17

STREET _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMERGENCY CONTACT

FIRST & LAST NAME _____ RELATIONSHIP _____ EMERGENCY PHONE NUMBER _____

FACILITY USAGE TYPE - WITH PICTURE ID

Please check all that apply below

- Prescribe the Y : VA Medical Center Covenant Physicians Group GLB Health Center St. Mary's
- Try the Y or Other _____
- Special Facility Usage
- \$ 0 MAX 3 visits if Guest of our Member(s) _____
- \$ 0 Military. Tribute Tuesdays. Military and family with ID _____
- \$ 5 Military - Ages 18+
- \$12 Young Adult - Ages 18 - 24
- \$12 Adult General, - Ages 25 +
- \$12 Men's Athletic Center - MAC 21+ Add Family #____\$5 each or family of 6 = Adults plus dependent children same household \$30

PURPOSE & GOALS

As a member participant of the YMCA of Saginaw, I agree to cooperate in the accomplishment of the YMCA's accepted purpose - to put Judeo-Christian principles into practice through programs that build healthy spirit, mind, and body for all. The YMCA welcomes all in our community; members honor the four core values of the Y: Caring, Respect, Honesty and Responsibility.. INITIAL: _____

LIABILITY

I agree to follow YMCA rules and policies. I understand there is some risk in physical activity and exercise. I further agree that the YMCA shall not be responsible for any personal injuries or losses sustained by me or my family while on the premises, or because of any YMCA sponsored activities. I further agree to indemnify and hold harmless the YMCA of Saginaw of any claims or demands arising out of any such injuries or loss.

I understand the YMCA of Saginaw is NOT responsible for personal property lost or stolen while members and/or participants are using the YMCA facilities or on YMCA premises. INITIAL: _____

PHOTO / TALENT RELEASE

I understand that the YMCA may make certain reasonable recordings of an event. I hereby authorize the YMCA to have and use reasonable photographs, slides, moving pictures and audio/video tapes for purposes of legitimate YMCA records, public relations, and/or advertising.

INITIAL: _____

CRIMINAL RECORD INVESTIGATION

I understand that the YMCA reserves the right to terminate membership if the YMCA becomes aware that a member has been convicted of a sex crime or of any other crime that may cause concern for the YMCA. The YMCA reserves the right to investigate the members' criminal record.

INITIAL: _____

STAFF REVIEWED DATA / FORM WITH GUEST

GUEST SIGNATURE: _____

STAFF INITIAL: _____