



HUNTERDON COUNTY YMCA
Member/Non-Member Application
(Please Print)

Member: _____ or Non-Member _____
 Membership Type: _____

Main Member	Member # _____ Scan # _____
Last Name _____ First Name _____ Initial _____	
Date of Birth ____/____/____ Gender M or F	
Home Address _____ City, State, Zip _____	
Primary Phone _____ Other Phone _____	
Primary Email Address _____	
Employer _____	
How did you hear about us: _____	

Second Adult (if applicable, 18 & older)	Member # _____ Scan # _____
Relationship to Main Member _____	
Last Name _____ First Name _____ Initial _____	
Date of Birth ____/____/____ Gender M or F	
Primary Phone _____ Other Phone _____	
Primary Email Address _____	
Employer _____	

Additional Members (Dependents under 18 or Children Information)					
Last Name	First Name	Gender	Date Of Birth	Member #	Scan Tag #
_____	_____	M or F	____/____/____	_____	_____
_____	_____	M or F	____/____/____	_____	_____
_____	_____	M or F	____/____/____	_____	_____
_____	_____	M or F	____/____/____	_____	_____
_____	_____	M or F	____/____/____	_____	_____
_____	_____	M or F	____/____/____	_____	_____

Emergency Contact Information:		
Name _____	Relationship _____	Phone# _____
If main member is a minor, name of parent/guardian _____		

CODE OF CONDUCT

The YMCA is committed to providing safe and welcoming environment for all members and guests. To promote safety and comfort for all, all individuals are asked to act appropriately at all times when in our facility or participating in our programs. We expect persons using the YMCA to act maturely, to behave responsibly, and to respect the rights and dignity of others. Our Member's Code of Conduct outlines prohibited action, but the actions listed below are *not* an all-inclusive list of behaviors considered inappropriate in our facilities and programs:

- Using or possessing alcohol or illegal chemicals on YMCA property, in YMCA vehicles, or at YMCA sponsored programs.
- Smoking on YMCA property– the YMCA and its property is a smoke free environment.
- Carrying or concealing a weapon or any device or object that may be used as a weapon.
- Harassment or intimidation by words, gestures, body language, or any type of menacing behavior.
- Physical contact with another person in an angry, aggressive, or threatening way.
- Verbally abusive behavior, including angry or vulgar language, swearing, name-calling, or shouting.
- Sexually explicit conversation or behavior: any sexual contact with another person.
- Inappropriate, immodest, or sexually revealing attire.
- Theft or behavior that results in the destruction or loss of property.
- Transferring membership cards.
- Loitering within or on the grounds of the YMCA.

In addition, The YMCA reserves the right to deny access or membership to any person who has been accused or convicted of any crime involving sexual abuse, is or has been registered sex offender, has ever been convicted of any offense relating to the use, sale, possession, or transportation of narcotics or habits forming and/or dangerous drugs, or is presently or habitually under the influence of dangerous drugs or chemicals, narcotics, or intoxicating beverages. Members and guests are encouraged to take responsibility for their personal comfort and safety by asking any person whose behavior threatens their comfort to refrain from such behavior. Anyone who feels uncomfortable in confronting a person directly should report the behavior to a staff person on duty. YMCA staff members are eager to be of assistance. Members and guest should not hesitate to notify a staff member if assistance is needed. In order to be able to carry out these policies, we ask that members and guests identify themselves to staff when asked. The Membership Director will investigate all reported incidents. Suspension or termination of YMCA membership privileges may result from determination by the Membership Director if in their discretion a violation of the YMCA Member's Code of Conduct has occurred.

I understand that it is my/our responsibility to consult with and get approval from my/our doctor(s) before I or anyone who is part of this membership begins an exercise program, activity or makes use of any facilities, equipment, programs or services. Member Initial _____

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, or use of equipment within the facility or participation in any YMCA activity. I/We also recognize that the YMCA cannot evaluate my/our physical abilities and medical limitations as they pertain to participation in programs, to the use of the facilities, or use of equipment within the facility. I/We THEREFORE ASSUME ALL RESPONSIBILITY FOR HAVING A THOROUGH MEDICAL EXAMINATION PERFORMED, BY A MEDICAL PRACTICIONER OF MY/OUR CHOICE, BEFORE PARTICIPATION IN ANY PROGRAMS AND PRIOR TO USING THE FACILITIES. I/WE ALSO ASSUME ALL RESPONSIBILITY FOR ABIDING BY THE RECOMMENDATIONS OF SAID MEDICAL PRACTICIONER, INCLUDING BUT NOT LIMITED TO, AS THEY PERTAIN TO LIMITATIONS ON EXERCISE, PARTICIPATION IN YMCA PROGRAMS AND USE OF YMCA FACILITIES OR EQUIPMENT WITHIN THE YMCA FACILITIES. Furthermore, in consideration of my/our participation in the activities of the Young Men's Christian Association of Hunterdon County, I/We do hereby agree to hold free from any and all liability the YMCA of Hunterdon County and its respective officers, employees and members, including but not limited to, its or their own negligence and 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 participation in any of the activities of the YMCA of Hunterdon County, use of its facilities, or use of equipment within its facilities. I/We the undersigned have read, understand and agree to the above. I consent that photographs taken of myself and/or my children are property of the Hunterdon County YMCA and may be reproduced as the YMCA desires, free of any claim on my part. I have read and understand the member's Code of Conduct, above.

___YES! I would like to contribute ___\$10.00 ___\$20.00 ___Other to the Annual Strong Kids Campaign

Signature of Applicant/Guardian

Signature Of Spouse

Date

MEMBERSHIPS ARE NON-REFUNDABLE OR TRANSFERABLE

FOR STAFF USE ONLY

Receipt # _____

Date _____

Staff Initial _____