



LaPorte County Family YMCA
 901 Michigan Ave
 LaPorte, IN 46350
 (219) 325-9622

Please Print: Primary Member

First Name	MI	Last Name	Sex M F	DOB / /
Address		City/State/Zip	Phone	
E-Mail		Employer	Work Phone	
Emergency Contact Name		Emergency #	Locker number	

Complete this section if applying for One Parent Family or Family Membership

Spouse and Family Information:

First Name	MI	Last Name	Sex M F	DOB / /
Address		City/State/Zip	Phone	
E-Mail		Employer	Work Phone	
Emergency Contact Name		Emergency #	Locker number	

If 21+ (✓)
 Claimed on
 College?

Child(ren) First Name	MI	Last Name	Sex	DOB	If 21+ (✓) Claimed on College?
			M F	/ /	
			M F	/ /	
			M F	/ /	
			M F	/ /	
			M F	/ /	
			M F	/ /	
			M F	/ /	
			M F	/ /	

Areas of Interest

Please check areas of interest: Fitness_ Aquatics_ Adult Sports_ Youth Sports_ School Age Program_ Child Care_
 Pre-School_ Volunteer_ Cheerleading_

Access/Membership Policy Restrictions

The protection of the members and guest who are participating in programs or are using YMCA facilities is of paramount concern to the staff of the LaPorte County Family YMCA and all of its' branches and locations. Therefore, we reserve the right to deny access or membership to any person who: is a registered sex offender, has plead guilty to or been convicted of any crime involving sexual abuse, has plead guilty to or been convicted of any crime against persons such as child, spousal, or parental abuse, has plead guilty to or been convicted of any offense relating to the sale or transportation of illegal narcotic, habit forming, or dangerous drugs, is presently clearly under the influence of intoxicating beverages or behavior modifying drugs. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

YMCA Waiver:

By signing below, I understand that the YMCA is not responsible for any loss or injury during programs or activities. I also understand that all members, participants, and guests must have personal insurance and that in the case of a claim, the participants or parents (in the case of a minor) insurance is the primary carrier and that the YMCA's insurance will be the secondary carrier. I agree that any claim must go through my own insurance before the YMCA's insurance will cover any losses or claims. Furthermore, I will allow the YMCA to use my likeness or name in our advertising and marketing pieces. I understand and accept that the YMCA is not responsible for lost or stolen articles at the YMCA. I have been told that the Y strongly recommends that members, guest and participants lock their belongings in a locker that the YMCA provides free of charge. I understand and accept that the YMCA is not responsible for damage to vehicles in our parking lot or tickets for illegal parking. I understand and accept that exercise, by its nature, is a dangerous activity since it raises the heart rate and alters many body functions. I hereby hold the YMCA of LaPorte County including all of the branches and locations, its' staff and/or volunteers harmless for any injury or condition that my result from participating in any YMCA activity or program. Lastly, I understand memberships are non-transferable and non-refundable.

Date _____ Signature _____
Date _____ Signature _____
Staff Initials _____

YMCA Member Services Staff to Complete

Membership Type:

College at home (College Name) _____
College on Campus (College Name) _____
Adult _____ Single Parent Family _____ Family _____
FT Staff Department _____ PT Staff Department _____
Scholarship _____ Percent off _____ Start and end dates _____

Payment Type:

Checking or Savings _____ Credit Card _____ Full Pay _____ Gift Certificate _____
Short Term _____ (months) Silver Sneakers _____ Military _____
Corp PRD _____ Corp Credit Card _____ Corp Checking or Savings _____ Corp Full Pay _____
Corporate Name _____