



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

**Please Print: Youth Information:**

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

**Parent Information:**

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

**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 \_\_\_\_\_  
 Staff Initials \_\_\_\_\_

**Areas of Interest**

Please check areas of interest: Fitness\_\_ Aquatics\_\_ Adult Sports\_\_ Youth Sports\_\_  
School Age Program\_\_ Child Care\_\_ Pre-School\_\_ Volunteer\_\_ Cheerleading\_\_

**Areas You Would Like To Volunteer Your Time:**

<b>Youth Sports:</b>	<b>Membership Services:</b>	<b>Wellness:</b>	<b>Children Programs:</b>	<b>Other:</b>
Basketball__	Greeter__	Triathlon__	Preschool__	4 <sup>th</sup> of July Parade__
Soccer__	Office__	Nursery__	Childcare Center__	YMCA Run__
Volleyball__			Summer Camp__	Strong Kids Campaign__
				Family Fun Nights__

We appreciate any time you can volunteer at the LaPorte County Family YMCA. Please let us know how many hours you are looking to volunteer, either in a week or a month. Also, if your child is in Girls Reserve Club, or any other social activity they can fulfill their volunteer hours here. Hours per week available\_\_\_\_ Hours per month available\_\_\_\_

**YMCA Member Services Staff to Complete**

Membership Type:

Youth\_\_\_\_\_

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)

Corp PRD\_\_\_\_ Corp Credit Card\_\_\_\_ Corp Checking or Savings\_\_\_\_ Corp Full Pay\_\_\_\_

Corporate Name\_\_\_\_\_