

Guest Pass Application

St. Cloud Area Family YMCA

2001 Stockinger Drive
St. Cloud, MN 56303



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Household information (PLEASE PRINT)

Adult (parent/guardian for guests under 18)			
Guest Street Address			Gender (M/F)
City	State	Zip Code	YMCA Use Only <input type="checkbox"/> Photo
Phone (Including Area Code)	Birthdate (MM/DD/YYYY)	Email Address	
Emergency Contact Name		Emergency Contact Phone (Include Area Code)	

Additional Family Members

First Name	Last Name	Birthdate	Gender (M/F)	YMCA Use Only
				<input type="checkbox"/> Photo
				<input type="checkbox"/> Photo
				<input type="checkbox"/> Photo
				<input type="checkbox"/> Photo
				<input type="checkbox"/> Photo
				<input type="checkbox"/> Photo

Guest Conduct and Use of Facility: Guest agrees to abide by all the policies and practices of the Y and its facilities and understands that failure to act in accordance with these rules may result in expulsion from the Y and revocation of the gess pass with no refund. Shower guests have access only to the locker room/showers and are limited to one (1) hour use from time of check-in.

Criminal History: Applicant acknowledges it is the Y's policy to deny access to any individual registered as a sex offender.

Property Loss: Guest undderstands the Y is not responsible for personal property lost, damaged, or stolen while using the YMCA facilities - including parking lots - or participating in YMCA programs.

Photograph Permission: Guest hereby grants permission for the Y to use, without limitation or obligation, photographs or other media which may include the guest's image or voice to promote or interpret YMCA programs.

Insurance: Guest understands the Y does not provide any accident or health insurance for its guest, members or participants, and futher understands it is the guest's responsibility to provide such coverage.

Kid Zone: Guests understand that there are fees associated with the use of our **Kid Zone** services, and a 2 hour time limit.

RELEASE AND WAIVER OF LIABILITY

Waiver: In consideration of the YMCA accepting this application, I for myself, my heirs, executors, administrators, &/or for the minor(s) for whom I am signing, release & forever discharge the St. Cloud Area Family YMCA & its officers, employees, directors, agents & all persons connected with the YMCA of & from all rights, claims, demands & actions of any and every nature whatsoever, for any & all loss, damage, injuries sustained by me of my property at any time. I declare, for myself & the minors that I/he/she/we am/are/is physically sound & medically approved to participate in the activities of the YMCA. Refunds: There are no refunds on memberships paid for in advance unless you provide written doctor's order. I release all photos taken by the YMCA for YMCA purposes only. I understand that a criminal sexual offender background check will be conducted on members and guests as a matter of course. I also understand that it is the YMCA's policy to deny access to individuals registered as Sex Offenders. Myself and my dependents will follow and abide by the posted and available **Kid Zone** rules.

I have read and understand the above YMCA Waiver of Liability as well as the YMCA rules and Code of Conduct located on the back side of this Guest Application

ADULT SIGNATURE (Parent or Guardian for youth under 18 years of age)	DATE
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FOR OFFICE USE ONLY

Staff Initials	Date	Alert	Unit ID:
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Please Use Separate Form For Multiple Households.