



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# St. Cloud Area Family YMCA

2001 Stockinger Drive

St. Cloud, MN 56303

## MEMBERSHIP APPLICATION

Fitness Coaching Offered: _____	Membership Type:
	Unit ID #

<b>ADULT MEMBER (PLEASE PRINT)</b>		
First Name	Last Name	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		<input type="checkbox"/> Photo
City	State	Zip Code
Primary Phone (Including Area Code)	Employer/School	Date of Birth (MM/DD/YYYY)
E-Mail		
Emergency Contact: Name	Phone:	Relationship:

<b>ADDITIONAL HOUSEHOLD MEMBERS (PLEASE PRINT)</b>					
First Name	Last Name	Employer or School	Date of Birth	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

<b>Would you like to add any of the following optional services at this time?</b>				<b>Staff Use: Pro Rate</b> _____ _____ _____
Service	Monthly Cost	Household Member(s)		
<input type="checkbox"/> KidZone; Single Child	\$14.75	_____		
<input type="checkbox"/> KidZone; Multi Child	\$19.75	_____		
<input type="checkbox"/> Towel Service(per member)	\$6.00	_____		
<input type="checkbox"/> Locker Service(per Locker)	\$15.00	_____		

**Member Behaviors and Waivers**

**Membership Waiver**  
By participating in the YMCA National Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

**Photo and Video/Audio Recording Release**  
I hereby give my permission and consent, now and for all time, to the St. Cloud Area Family YMCA, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with the St. Cloud Area Family YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, soundtrack, recordings and photo reproductions of myself, my dependents and/or my narrative account of my experience at St. Cloud Area Family YMCA, for publications, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial service. I further agree to the following:  
\*Any video film, footage, soundtrack recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;  
\* Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties;  
\* YMCA of the USA and collaborating third parties shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and  
\* YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to and shall be entitled to the unrestricted use of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.  
I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of the USA and collaborating third parties from any and all claims in connections with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

**Sex Offender Notice**  
The YMCA conducts regular sex offender screenings on all memberships, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access. I understand that it is the YMCA's policy to deny access to those who are registered as sex offenders. I understand that myself and my dependents will be screened through RAPTOR, or similar sex offender screening product.

**Refund Policy**  
Refunds will not be given for membership paid in advance. Program refund policies vary by program and need to be approved by the director in charge of the program in question.

**KidZone Policy**  
Myself and me dependents will follow and abide by the posted and available KidZone Rules.

**By signing below I verify that I have read and understand the above information as well as the Code of Conduct located on page 2 of this application. For the consideration herein, I hereby consent to the foregoing on behalf of myself and my dependents.**

Date \_\_\_\_\_

Member Signature \_\_\_\_\_