



SOUTH WOOD COUNTY YMCA | Membership Contract

Date ____/____/____ MEMBERSHIP TYPE(Please check One): ___ Big Brother/Big Sister ___ Livestrong ___ Mid-State
Other (Specify: Silver Sneaker/Silver & Fit/MFA)_____

For ALL memberships, including youth memberships, primary adult contact information must be provided.

Primary Adult _____ M F Birthdate: _____

Employer _____

Secondary Adult _____ M F Birthdate: _____

Employer _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-mail _____

Emergency Contact Name _____

Phone Number (_____) _____

Family membership is available to two adults in the same household and their dependents. It may also be two adults in the same household with no dependents. Dependents can be children or adults. Proof of residency and/or dependency may be required.

Children: (For Family or Single Parent Family Memberships with children/dependents under the age of 18. If dependents are full-time college students between the ages of 19 and 26, proof of full-time status is required with application).

Last Name: _____ First/Middle Initial: _____

DOB: ____/____/____ Gender: _____

Last Name: _____ First/Middle Initial: _____

DOB: ____/____/____ Gender: _____

Last Name: _____ First/Middle Initial: _____

DOB: ____/____/____ Gender: _____

Last Name: _____ First/Middle Initial: _____

DOB: ____/____/____ Gender: _____

STAFF USE ONLY: Staff Initials Port Edwards Wisconsin Rapids SOR
[] Processing Fee..... [] \$50/Adults & Families [] \$15 Young Adult/Youth \$_____
[] Annual/Full Pay/Short Term..... [] Cash [] Check [] Credit /Debit Card \$_____
[] Bank/Credit Card (attach voided check) [] Draft 5th of Month (perpetual unless termed on Ann. date)
\$_____
[] Corporate Payroll Deduction [] Corporate Monthly Draft
\$_____ (no processing fee charged) (no processing fee charged)
[] Additional Services Name _____ \$6.50/Locker _____ \$_____
Name _____ \$6.50/Towel _____ \$_____
Pro-Rated/1st Payment _____ Additional Fees _____ Processing Fee _____
TOTAL PAID \$_____

Signature _____ Date _____

Please Read and Initial:

_____ Membership card/key tag must be presented upon entering the facility and are non-transferable upon termination of membership. Key tag will be surrendered to the YMCA at time of termination.

Behavior Policy

_____ Membership at the South Wood County YMCA is a privilege. 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. The YMCA, to the extent not otherwise prohibited by applicable law, reserves the right to deny, condition or revoke membership of any individual who: (i) is arrested for, charged with, or convicted of sex offenses as that term is defined in the Wisconsin Statute, ss301.45(id)(b); (ii) is arrested for, charged with or convicted of other crimes inconsistent with the values of the YMCA, including crimes involving abusive language, inappropriate attire, smoking, consumption of alcohol, or removal or damage of YMCA property. These and other behavioral guidelines are outlined in our Code of Conduct and Sex Offender Policy. Staff members actively support and enforce these policies for members and guests.

Waiver

_____ In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the YMCA and its officers, agents, employees, representatives, executors and all others from any and all responsibility or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damages to myself, including those caused by the negligent act or omission of any of those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA.

Photo/Talent Release

_____ I hereby irrevocably release, consent and allow the SWC YMCA and its agent to use my photograph/likeness/voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation for any reimbursement in connection with its use.
