

**Grants Pass Family YMCA/Wellness Center Non-Member Guest Information**  
**STATE/FEDERAL ISSUED PHOTO ID REQUIRED ON EVERYONE 18 YEARS AND OLDER**  
(PLEASE PRINT CLEARLY)

**Personal Information**

First Name	Middle Name	Last Name	M F	Age	/ / Date of Birth
Street Address		City	State	Zip	
Phone	Email Address		Employer		

**Additional household members:**

First Name	Middle Name	Last Name	M F	Age	/ / Date of Birth
First Name	Middle Name	Last Name	M F	Age	/ / Date of Birth
First Name	Middle Name	Last Name	M F	Age	/ / Date of Birth
First Name	Middle Name	Last Name	M F	Age	/ / Date of Birth

**Emergency Contact Information**

First Name	Last Name	Relationship	Phone
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**Initials, Authorizations, and Signatures**

**Initial** **SECURITY** 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 Y also **reserves the right to terminate privileges** of any guest at any time for reasons including, but not limited to: taking actions contrary to the Y's Mission, disrupting the Y's operations (ie not following facility/program rules and/or policies), clothing, logo's or body markings that could interfere with your safety or could be considered inappropriate for a "family" facility, taking drugs or alcohol, criminal activity, etc. **I/we hereby authorize the Y to use snap shots and/or videos** of myself or and/or my children in its own publications. These snapshots include but are not limited to the photos taken for security, classes, programs, special events and/or trips, etc.

**Initial** **CHILD SAFETY:** The Grants Pass Family YMCA **exercises some general supervision** over the facility and conduct of patrons. However, please be advised **children 12 and under** may not be in the building without a parent or guardian before 12pm unless they are registered in a supervised program. **Children under the age of 6** must be accompanied by a parent/guardian or must be registered in a supervised program at all times. Unattended children will be instructed to wait in the lobby or be placed in a childwatch room at the parent/guardian expense. It is the responsibility of each parents/guardian to ensure their child(ren) behave in a safe, respectful and responsible manner. In addition, all children entering the Y for any reason must be checked in.

**Initial** **VISITING YMCA MEMBERS (NATIONWIDE MEMBERS)** By participating in the YMCA Nationwide 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.

**Initial** **INDEMNITY/WAIVER & AUTHORIZATION FOR TREATMENT:** In consideration of the right to participate in Grants Pass Family YMCA programs and activities for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any off site program affiliated with the Y, also including but not limited to the climbing wall and horseback riding hereby acknowledge there are not warranties applicable to the equipment provided by the Y. Any equipment I receive, rent or borrow from the Y I use voluntarily and at my own risk. In addition, I voluntarily desire to participate in such activities being fully aware of the dangers and voluntarily assume all risk of loss, damage, injury, bodily harm or death. I further agree to the following: **I agree to save and hold harmless the Grants Pass Family YMCA, it's officers, agents, representatives, executors, and all others of any and all claims for damages to person or property** including but not limited to losses, claims, costs, expenses, judgments, or injuries suffered by me or my minor child as a result of said participation. I also hereby agree to assume those risks on my behalf of myself and on behalf of my minor child(ren) and to hold harmless the Grants Pass Family YMCA.. In addition, I hereby **authorize the Grants Pass Family YMCA to secure required medical attention for myself or my minor child(ren) at my expense in the event of sickness or accident.**

I certify the above information is true and correct to the best of my knowledge. In addition, I have read, understand and agree to the above policies.

Guest Signature or Parent/Guardian Signature if minor	Date
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<b>Visiting YMCA Verification</b>	<b>FOR OFFICE USE ONLY</b>	<b>5/08/2024</b>
Facility city/state	Away staff verified/Nationwide site	Intake initial
		Check initial