



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**RALPH J STOLLE COUNTRYSIDE YMCA  
MEMBERSHIP APPLICATION**

To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

BRANCH	TYPE OF MEMBERSHIP	MEMBER #	DATE
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(Office Use Only)

<b>PRIMARY MEMBER</b>	FIRST NAME	LAST NAME			GENDER			
	BIRTHDAY	EMPLOYER			EMPLOYER PHONE			
<b>HOME ADDRESS</b>	STREET		CITY		STATE	ZIP		
	PHONE(Home or Cell)		EMERGENCY PHONE			EMAIL		
<b>2nd ADULT</b>	FIRST NAME	LAST NAME			GENDER			
	BIRTHDAY	EMPLOYER			EMPLOYER PHONE			
<b>CHILDREN</b>	FIRST	LAST	BIRTHDAY	M/F	FIRST	LAST	BIRTHDAY	M/F
	FIRST	LAST	BIRTHDAY	M/F	FIRST	LAST	BIRTHDAY	M/F
	FIRST	LAST	BIRTHDAY	M/F	FIRST	LAST	BIRTHDAY	M/F

<b>HOW DID YOU HEAR ABOUT THE YMCA? PLEASE CHECK ONE</b>	<input type="checkbox"/> FRIEND	<input type="checkbox"/> INTERNET	<input type="checkbox"/> NEWSPAPER	<input type="checkbox"/> EMPLOYER
	<input type="checkbox"/> MEMBER	<input type="checkbox"/> FLYER	<input type="checkbox"/> TV	<input type="checkbox"/> OTHER

**Waiver:** I understand that the Ralph J Stolle Countryside YMCA assumes no responsibility for injuries or illness which I or my family members sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercises, or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness which may result from my participation in these activities. I hereby release and discharge the Ralph J Stolle Countryside YMCA, it agents, servants, and employees from any and all claims for injury, illness, death, loss, or damage which I may suffer as a result of my participation.

I understand that the Ralph J Stolle Countryside YMCA is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give my permission to the Countryside YMCA to use without limitation or obligation, photographs, or film footage, which may use image or voice for the purpose of promotion of YMCA programs.

**I further understand that the membership fee is non-refundable.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_