

BOONSLICK HEARTLAND YMCA

GUEST & PARTICIPANT APPLICATION

Fields marked with an * are required and must be filled out.

*Primary Contact Information (Must be an Adult age 18 or older)			
<hr/>	Middle I.	<hr/>	M / F / U
*First Name		*Last Name	
<hr/> / <hr/> / <hr/>	(<hr/>) - <hr/>	<hr/>	<hr/>
*Date of Birth	Personal Phone Number	E-Mail	

Secondary Contact Information (Must be an Adult age 18 or older)			
<hr/>	Middle I.	<hr/>	M / F / U
*First Name		*Last Name	
<hr/> / <hr/> / <hr/>	(<hr/>) - <hr/>	<hr/>	<hr/>
*Date of Birth	Personal Phone Number	E-Mail	

*Unit/Household Contact Information			
<hr/>	<hr/>	<hr/>	<hr/>
*Street Address	*City	*State	*Zip
(<hr/>) - <hr/>	<hr/>	<hr/>	<hr/>
*Primary Phone Number	E-Mail		
<hr/>	<hr/>	(<hr/>) - <hr/>	<hr/>
Emergency Contact Name	Relationship to Primary	Phone Number	

Dependant Information (Provide Information for all children 18 and under, or full-time college students age 19-22 living at home)			
Name	Date of Birth	Gender	Relation to Primary
	MM / DD / YYYY	M / F	
	MM / DD / YYYY	M / F	
	MM / DD / YYYY	M / F	
	MM / DD / YYYY	M / F	
	MM / DD / YYYY	M / F	
	MM / DD / YYYY	M / F	

Please take a moment to provide us with the following feedback information	
How did you hear about the Boonslick Heartland YMCA?	<hr/>
<hr/>	
Would you be interested in becoming a Member of the Boonslick Heartland YMCA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, could you please take a moment to explain why?	<hr/>
<hr/>	

Code of Conduct

At the Boonslick Heartland YMCA we expect staff, members, guests and program participants to behave in accordance with our mission values, respecting the rights and dignity of others. At the Y we demonstrate caring, honesty, respect and responsibility by:

- Speaking in respectful tones; refraining from the use of vulgar, abusive and derogatory language; and dressing appropriately.
- Resolving conflicts in a respectful, honest and caring manner; never resorting to physical contact or threatening gestures.
- Respecting others by ensuring that an adult is supervising children ages 11 and under; taking good care of Y equipment; refraining from physically intimate behavior in public; and never taking items that belong to someone else.
- Creating a safe, caring environment; never possessing, using or distributing a firearm, ordnance or other weapon anywhere on Y property; keeping all cell phones in bags or pockets whenever in a locker room; and reporting all inappropriate or suspicious behavior.
- Caring for our personal belongings by always putting personal items in a locker, understanding that the Y is not responsible for any items lost, damaged or stolen.
- Participating in programs to build a healthy spirit, mind and body; respecting that all Y property is tobacco and alcohol free; never engaging in the use of illegal drugs on Y premises.

Boonslick Heartland YMCA Waiver of Liability

I am an adult over 18 years of age and wish to participate in Boonslick Heartland YMCA (further known as "Y") activities. In addition, I give my children permission to participate in the Y activities. I understand that even when every precaution is taken, accidents can sometimes happen. Therefore, in exchange for the Y allowing me to participate in Y activities, I understand and expressly acknowledge that I release the Y and its staff members and its board members from all liability for any injury, loss or damage connected in any way whatsoever to my, or my child's, participation in Y activities, whether on or off Y premises. I understand that this release includes claims based on negligence, action or inaction of the Y, its staff, directors, members and guests.

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.

Read and Initial the Following Statements

_____ I understand the Y is not responsible for personal property lost or stolen while members, guests, and/or program participants are using the Y facilities or on the Y premises.

_____ I give permission to the Y to unrestricted use of photographs, film footage, or tape recording which may include my, or my child's, image or voice for the purposes of promoting or interpreting Y programs.

_____ I have read, understand and agree to abide by the Code of Conduct. Furthermore, I understand that failure to do so may result in my Y privileges being restricted or revoked, temporarily or permanently. This may include, but is not limited to, restriction of Y facility access, and is up to the discretion of the Member Engagement Director, Associate Executive Director and/or Executive Director.

_____ I understand that the Y conducts regular sex offender screenings, and that should a match occur the Y reserves the right to cancel my membership, program participation and revoke visitation access.

_____ I understand that, as the Primary Contact, my initials apply for all persons listed on this form.

I acknowledge the waiver set forth above and, being supportive of the Mission Statement of the Y, hereby agree to the Code of Conduct and Boonslick Heartland YMCA Waiver of Liability as stated above.

Primary Contact Signature

Secondary Contact Signature

Date

WELCOME DESK STAFF: Photo ID: _____ DL# _____ Exp. _____

OFFICE STAFF: Verified By: _____ Date: _____