



Sponsored Membership Application

Applicant

Name: _____ Phone: _____ DOB: _____

Address: _____ City/State: _____ ZIP: _____

If a child (under 18): Parent or legal guardian's name: _____

All Persons Living in Household

Parent/Adult: _____ DOB: _____

Parent/Adult: _____ DOB: _____

Child: _____ Male _____ Female _____ DOB: _____

Child: _____ Male _____ Female _____ DOB: _____

Child: _____ Male _____ Female _____ DOB: _____

Child: _____ Male _____ Female _____ DOB: _____

Who is to be included on membership? _____ Type: _____

PLEASE LIST ALL FINANCIAL RESOURCES YOU AND YOUR FAMILY RECEIVE ON A MONTHLY BASIS. DOCUMENTATION MUST BE ATTACHED OR THE APPLICATION WILL NOT BE PROCESSED.

	Total Gross Wages	Child Support	ADC	SSI	Unemployment	Retirement	Pension	Total
Adult								
Adult								
Children								
Total Monthly Income								

Indicate any other assistance (medical, child care, federal, or state) you and/or your family receives:

THIS APPLICATION MUST BE RENEWED EVERY SIX MONTHS

I certify that the above information is true and correct to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that sponsorship assistance is based on need. In the event I or my children must cancel out participation, I will contact the YMCA immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

Signature of Applicant: _____ Date: _____

PLEASE SIGN AND DATE THE WAIVER ON THE BACK OF THIS FORM.

Office Use Only:

Approved/Denied By: _____ Date: _____ Amount Due: _____ Discount: _____

WAIVER:

I am an adult over 18 years of age and wish to participate in the Daviess County Family YMCA (the Y) membership/program activities (including Rock Wall), and wish my children or legal wards to participate and give them permission to participate in the Y activities (including Rock Wall). As used in the Agreement "children" shall include legal wards and "parent" shall include legal guardian. As a condition of being permitted to utilize the facilities, services and programs of the Y for any purpose, including but not limited to observation or use of the facilities or equipment or participation in any off-site program affiliated with the Y, I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition of participation by me or my children in Y activities, on my behalf and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the Y, its sponsors, officers, employees, volunteers, or contractors as a result in participating in Y activities or using its facilities. I further agree to indemnify the Y against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by me or my children. I also give the Y consent to treatment for myself and my legal wards in the event of injury and will not hold the Y accountable for any charges incurred. I have read this authorization, waiver, and release, understand it, and am voluntarily signing it. I understand that the Daviess County Family YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using Y facilities, on Y premises, or involved in Y programs. I give my permission to the Daviess County Family YMCA to use without limitation or obligation, photographs, film footage, or tape recordings which may include my or my children's images or voice for the purposes of promotion or interpreting Y programs.

Signature: _____ Date: _____

Signature: _____ Date: _____