

MAGDALENA ECKE FAMILY YMCA DAY USE FORM

NAME	Title	First Name	MI	Last Name	Nickname
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PRIMARY MEMBER INFORMATION		
Address		
City	State	Zip
Home Phone Number	Cell Phone Number	
Birth date (MM/DD/YY)	M/F	
Email Address		

FAMILY MEMBERS (FIRST, MI)			
0	Adult	Birth date / /	M/F
1			
0	Child	/ /	
3			
0	Child	/ /	
4			
0	Child	/ /	
5			
0	Child	/ /	
6			

EMERGENCY INFORMATION	Emergency Contact Name	Relationship	Emergency Phone Number
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WHAT ARE YOUR OR YOUR FAMILY'S AREAS OF INTEREST? (Check all that apply)			
<input type="checkbox"/> Aerobics	<input type="checkbox"/> Family/Member Events	<input type="checkbox"/> Member News	<input type="checkbox"/> Sports Leagues
<input type="checkbox"/> Y Ambassadors	<input type="checkbox"/> Family Fitness	<input type="checkbox"/> Performing Arts	<input type="checkbox"/> Sport Walking
<input type="checkbox"/> Active Adults	<input type="checkbox"/> Fitness	<input type="checkbox"/> Pee Wee Sports	<input type="checkbox"/> Teen Programs
<input type="checkbox"/> Aquatics	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Pilates	<input type="checkbox"/> Trips and Excursions
<input type="checkbox"/> Baby Enrichment	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Preschool	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Basketball	<input type="checkbox"/> Lap Swim	<input type="checkbox"/> Personal training	<input type="checkbox"/> Volunteering
<input type="checkbox"/> Camps	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Skate	<input type="checkbox"/> Y-Adventure Guides
<input type="checkbox"/> Childcare	<input type="checkbox"/> MasterFit	<input type="checkbox"/> Soccer	<input type="checkbox"/> Yoga
<input type="checkbox"/> Dance	<input type="checkbox"/> Master Swimming	<input type="checkbox"/> Studio Cycling	<input type="checkbox"/> Other

HOW DID YOU HEAR ABOUT THIS YMCA? (Please check the primary method)				
<input type="checkbox"/> Brochure	<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Guest/Day Pass	<input type="checkbox"/> Referred by Member	<input type="checkbox"/> Web Site
<input type="checkbox"/> Coast News	<input type="checkbox"/> Drive By	<input type="checkbox"/> North County Times	<input type="checkbox"/> Returning Member	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Corporate Mbrship Plan	<input type="checkbox"/> Freeway Sign	<input type="checkbox"/> PennySaver	<input type="checkbox"/> Union Tribune	<input type="checkbox"/> Other

Last Name _____	First Name _____
Date _____	Member # _____ Drivers License # _____

Branch Release/Waiver for YMCA Adults

In consideration of being permitted to enter any branch of the YMCA of San Diego County (YMCA) for observation, use of facilities and/or equipment, or participation in any program, I hereby:

- Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purpose intended and (iv) I voluntarily sign this document.
- Release the YMCA, it's directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise while I am in or near any YMCA branch.
- Agree to not sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to my presence in, upon or near the YMCA branch; whether caused by the negligence of Releasees or otherwise.
- Assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
- I give the YMCA of San Diego county permission to use any picture or likeness of me, or a picture or likeness of my children, in the YMCA's general publicity and campaign materials. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect. I understand that my YMCA membership is not held for short-term illness or vacation. I also understand that the YMCA does not provide accident or medical insurance. To my knowledge I am in good health and use these facilities at my own risk. Replacement cards are \$10, if my card is lost or misplaced.

Primary Adult Signature _____ Date _____ Second Adult Signature _____ Date _____

Branch Release/Waiver for YMCA Youth (Minors)

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. In consideration of said minor being permitted to enter any branch of the YMCA of San Diego County (YMCA) for observation, use of facilities and/or equipment, or participation of the above in any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby:

- Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purpose intended and (iv) I voluntarily sign this document.
- Release the YMCA, it's directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise while I am in or near any YMCA branch.
- Agree to not sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to my presence in, upon or near the YMCA branch; whether caused by the negligence of Releasees or otherwise.
- Assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
- I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.
- I give the YMCA of San Diego county permission to use any picture or likeness of me, or a picture or likeness of my children, in the YMCA's general publicity and campaign materials. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect. I understand that my YMCA membership is not held for short-term illness or vacation. I also understand that the YMCA does not provide accident or medical insurance. To my knowledge I am in good health and use these facilities at my own risk. Replacement cards are \$10, if my card is lost or misplaced. I understand that there are no refunds given for Youth Memberships.

Parent/Legal Guardian Signature _____ Date _____