

FOR YOUTH DEVELOPMENT™ FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

Prospect/ Guest Application Form

WHAT BROUGHT YO	U TO THE Y	/MCA					
Tour Event		Walk-in			Member Guest Member Referral		
	Phone Inquiry Program Participant			Web Lead/ Social Media			
Other							
PRIMARY ADULT (Required fo	or youth u	ınder 18)				
First Name		Middle Name			Last Name		
Date of Birth		Gender			Marital Status		
Street Address		City			State	ZIP	
Primary Phone		Race/Ethnicity			Email Address (required)		
ADDITIONAL FAMI	LY MEMBE	RS					
Name (First, Middle, Last)	Age	Birth date	Gender	Relationship to Prospect,	/Guest	
Name (First, Middle, Last)	Age	Birth date	Gender	Relationship to Prospect,	/Guest	
responsible for any thefts that there are inherent rito waive, release, indemous businesses and organizatinegligence, liabilities and staff of any limitations I remergency, I authorize the financial responsibility for use photos of myself, AND FULLY UNDERS	s or losses of pasks involved in hify and hold hions which mand have or in he YMCA staffer the same both may depend TOOD THE	personal pro n any and al harmless the ay be associa h may arise a ncur which m f, volunteers oth now and dents and I PRECEDII	perty. On behall activities that eyMCA and any ated with the Ylas a result of paray limit my parand personnel which may arismousehold meNG. T SIGNATUR ications for prosented to the prosented to the paray limit my parand personnel which may arismousehold meNG.	If of myself, my dep the YMCA offers, and y and all staff, perso MCA and its progra articipation in YMCA rticipation in YMCA to seek appropriate e in the future. I fu embers for YMCA	n its members and participant pendents and household men and I assume those risks and a connel, volunteers, sponsors, a ms from any and all claims, e a programs and activities. I will activities and/or programs. It is medical action and agree to arther give permission to a promotional purposes.	nbers, I understand ny losses and agree and other expenses, sill inform the YMCA in case of medical eassume all the YMCA to I HAVE READ occessed through one a registered sex	
application.		_	_		or is anyone else included on i	ny prospect/guest	
Signature: Date:							
OFFICE USE ONLY	Staff Initial	s:	_ Date:	Reviewed w	rith Prospect/Guest?: YES /	NO _	