

PEABODY-LYNNFIELD YMCA MEMBERSHIP APPLICATION

www.peabodyymca.org

LAST NAME	MI	FIRST NAME	YOUR DATE OF BIRTH	
_____		_____	____/____/____	_____
ADDRESS		CITY	STATE	ZIP CODE
_____		_____	_____	_____
E-MAIL ADDRESS		HOME PHONE #		
_____		_____		
EMERGENCY CONTACT NAME		EMERGENCY PHONE #		
_____		_____		
PLACE OF EMPLOYMENT		EMPLOYMENT PHONE #		
_____		_____		
HOW DID YOU HEAR ABOUT THE YMCA? 1. Friend 2. Relative 3. Paper 4. Radio 5. Web Site 6. Other _____				

TYPE OF MEMBERSHIP:
 FAMILY ADULT YOUNG ADULT HIGH SCHOOL YOUTH
 SENIOR CITIZEN SENIOR CITIZEN COUPLE SINGLE PARENT FAMILY

FAMILY INFORMATION (For multi-person memberships only)

LAST NAME	FIRST NAME	DATE OF BIRTH	SEX	EMPLOYER/SCHOOL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The member and his/her dependants assume all risks, injuries and property damage incidental to the use of the YMCA facility, including but not limited to physical activities in which they are engaged.

Member's Signature _____ Date _____

METHOD OF PAYMENT
 FULL YEAR Amount paid \$ _____ Date _____ Receipt # _____
 BANKDRAFT Checking account Savings account Credit Card: _____
Bankdraft requires completion of bankdraft form with first month payment.
 First Upfront Payment \$ _____ Date _____ Receipt # _____

PEABODY-LYNNFIELD YMCA
Release and Waiver of Liability and Indemnity
Agreement

In consideration of being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of the facilities or equipment, or any participation in any off-site program affiliated with the YMCA, the undersigned for him/her self and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has or immediately upon entering or participating will, inspect and carefully consider such premises and facilities of the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and responsibly suited for the purpose of such observation, use or participation.

IN FURTRE CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF THE FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFLIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA, it's directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss, damage and any claim or demands thereof on account of injury to the person or property or resulting in death of the undersigned, weather caused by negligence of the releases or otherwise while the undersigned is in, upon or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO IDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability damage or costs that may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBLILITY FOR RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of the releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon participating in any affiliated YMCA.
4. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAVIER, AND INDEMNITY AGREEMENT IS INTENEDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY THE LAW OF THE STATE OF Massachusetts and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
5. THE UDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further aggress that no oral representations, statements or inducement apart from the foregoing written agreement has been made.

I HAVE READ THIS RELEASE

Signature of Member: _____ **Date:** _____

Signature of Additional Member: _____ **Date:** _____

Witness: _____ **Date:** _____

PEABODY-LYNNFIELD YMCA HEALTH ASSESSMENT QUESTIONNAIRE

NAME _____ AGE _____

WHICH ACTIVITIES WILL YOU PARTICIPATE IN: () Fitness Center () Group Exercise Classes
() Swimming () Water Fitness Classes () Climbing wall () Personal Fitness
() Other: _____

HEALTH HISTORY

- It is strongly suggested that those participants with high blood pressure, heart problems, recent surgery, or if you are over 55 years of age to get your physicians clearance before using the fitness center and other exercise area and/or programs.

Do you have any cardiovascular conditions, such as coronary disease, angina or chest pain, irregular heartbeats, heart valve problems, heart murmur, stroke phlebitis, ect.?

() YES () NO

Are you currently being treated for high blood pressure? () YES () NO

Do you have chronic lung disease? () YES () NO

Do you have any metabolic or glandular disorder such as diabetes or thyroid condition?

() YES () NO

Have you ever experienced seizures, convulsions, black outs, or fainting spells?

() YES () NO

Have you been hospitalized during the past year? () YES () NO

Do you have bone or joint problems? () YES () NO

Do you have any health conditions not mentioned above, for which a physician has recommended some restrictions in physical activity? () YES () NO

What was the date of your last complete physical? _____

Are you currently pregnant? (Women only) () YES () NO

Do you consider yourself in good health? () YES () NO

Comments: _____

Participant Signature _____ Date _____