

Date _____
Initial _____

Grants Pass Family YMCA
Non-Member Guest Information
(PLEASE PRINT CLEARLY)

Personal Information

_____	_____	_____	M F	_____	_____/_____/_____ Date of Birth
First Name	M.I	Last Name		Age	
_____		_____	_____	_____	_____
Street Address		City	State	Zip	
_____		_____	_____		
Daytime Phone		Evening Phone	Cell Phone		
_____		_____	_____		
Employer		Job Title	Work Phone		

Emergency Contact Information

_____	_____	_____	_____
First Name	Last Name	Relationship	Phone

Initials, Authorizations, and Signatures

_____ Initial **The Grants Pass Family YMCA** hereby advises its members, guests, and participants that we review the sex offender lists and reserve the right to do a background check on its members, guests and participants at any time. Furthermore, the Grants Pass Family YMCA, at their sole discretion, reserves the right to cancel any privileges based upon said background check and/or sex offender list reviews.

_____ Initial **Please be advised** that the Grants Pass Family YMCA exercise some general supervision over the facility and conduct of patrons, however cannot act as babysitter for individual children left unattended on the premises. It is the responsibility of the parents/guardians to ensure each child behaves in a safe, respectful, and responsible manner. Unattended children will be instructed to wait in the lobby or be placed in one of the childwatch rooms with the parents/guardians responsible for the fee. Children under the age of 7 must be accompanied by an adult or be placed in one of the childwatch rooms while using the facility in addition to being checked in and out of programs they may be attending.

_____ Initial **In consideration of the right to participate** in this facility, I release any and all claims for damages, losses and injuries suffered by me or my minor children as a result of said participation, against the Grants Pass Family YMCA, its officers, agents, employees, representatives, executors, and all others. I further understand there are inherent risks and proper training and physical condition is necessary. I hereby agree to assume those risks on my behalf and on behalf of my minor children and to hold harmless the Grants Pass Family YMCA.

_____ Initial **The Grants Pass Family YMCA reserves the right to terminate the privileges** of any guest at anytime for reasons including, but not limited to: taking actions contrary to the YMCA's Mission or disrupts the YMCA operations, clothing, logo's or body markings that could interfere with your safety or could be considered inappropriate for a "family" facility, taking drugs or alcohol, criminal activity, etc.

_____ Initial **AUTHORIZATION FOR TREATMENT** I hereby authorize the Grants Pass Family YMCA to secure required medical attention for myself or my minor children at my expense in the event of sickness or accident.

_____ Initial **The Grants Pass Family YMCA takes pictures** of all members and guests for security purposes. In addition, I authorize the Grants Pass Family YMCA to use snap shots of myself and/or my children in its own publications. These snapshots include but are not limited to the photos taken for security, classes, programs, special events and/or trips, etc.

I certify the above information is true and correct to the best of my knowledge. In addition, I have read, understand and agree to the above policies.

_____	_____
Guest Signature or Parent/Guardian Signature if minor	Date

Visiting YMCA Verification	FOR OFFICE USE ONLY		
_____	_____		
Home City	Home State	Member No	Verified By