

Fort Mill Branch YMCA

Guest Form

~ All non-member guests under 18 must be accompanied by an adult ~

PLEASE PRINT CLEARLY AND COMPLETE BOTH FRONT AND BACK

Name: _____ Male _____ Female _____

Date of Birth: _____

Email address: _____

Telephone Number: _____

Street Address: _____

City, State, Zip: _____

Emergency Contact: _____ Telephone: _____

Please Check One:

Photo ID is required to show proof of residence

_____ York/Chester County Resident
- 1 free week per calendar year
- A new Guest Form will be completed each year
_____ Copy of Photo ID is attached
- Dates on pass: _____

_____ Out-of-Town Resident
(all non-members outside of
York/Chester Counties)
_____ \$5 per child per day
_____ \$10 per adult per day

_____ Charlotte YMCA member
(3 free visits per month; \$5 thereafter)
Copy of YMCA Card and photo ID required

_____ YMCA AWAY Member
(3 free visits per month; \$5 thereafter)
Copy of YMCA card and photo ID required
My home YMCA is _____

Please read the questions below carefully and answer each one honestly. If you are between the ages of 0 and 70, this questionnaire will tell you if you should check with your doctor before you begin physical activity. If you are 70 years of age or older and you are not currently active, please consult your doctor before starting an exercise program.

YES **NO**

- _____ _____ (1) Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- _____ _____ (2) Do you feel pain in your chest when you do physical activity?
- _____ _____ (3) In the past month, have you had chest pain when you were not doing physical activity?
- _____ _____ (4) Do you lose your balance because of dizziness or do you ever lose consciousness?
- _____ _____ (5) Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- _____ _____ (6) Is your doctor currently prescribing drugs (ie, water pills) for your blood pressure or heart condition?
- _____ _____ (7) Do you know of any other reasons why you should not participate in physical activity? If so, please explain: _____

If you checked yes to any of the above questions, please consult a YMCA staff member about options available to meet your needs.

Signature _____ Date _____

Signature of Parent or Guardian (if under 18) _____

YMCA Staff Signature _____ Date _____

Fort Mill Branch YMCA

Assumption of Risk and Release

It is agreed and understood that all activities, exercise, use of equipment and facilities shall be undertaken by the members at their sole risk, and center shall not be liable for any claims, demands, injuries, damages, actions, or causes of action which arise wholly or partially due to the negligence of the organization which owns the center and any services which are affiliated with the center. It is understood and expressly agreed that this release of liability does also apply to all persons receiving memberships as the result of couple, family membership, or corporate affiliation agreement. Persons signing this contract are acting on behalf of and/or guardian or parent of all persons included under the family or couple membership contract. In addition, it is understood and expressly agreed that this release of liability does also apply to all persons receiving membership as a result of a corporate membership contract.

Members forever expressly release, indemnify, and hold harmless Fort Mill Branch YMCA and their respective agents, servants, and employees for any liability whatsoever. All members are encouraged to have a physical examination by a doctor prior to beginning any programs of strenuous new activity. Upon application for membership, members affirm that their state of health permits them to participate in Fort Mill Branch YMCA activities. Member agrees to abide by all rules and regulations, to use good personal healthy judgments, and to practice safety skills at all times while on YMCA property.

WARNING: If you have a history of heart disease or disease subject to aggravation by exercise, you should contact a physician before purchasing a membership and joining Fort Mill Branch YMCA.

Print Name _____ Date _____

Signature _____

Signature of Parent or Guardian _____

YMCA Staff Signature _____ Date _____