

Initial \_\_\_\_\_ Date \_\_\_\_\_

**Grants Pass Family YMCA Non-Member Guest Information**  
**STATE/FEDERAL ISSUED PHOTO ID REQUIRED ON EVERYONE 18 YEARS AND OLDER**  
(PLEASE PRINT CLEARLY)

**Personal Information**

_____	_____	_____	M F	_____	_____/_____/_____ Date of Birth
First Name	M.I.	Last Name		Age	
_____		_____	_____	_____	_____
Street Address		City	State	Zip	
_____	_____		_____		
Phone	Alternate Phone		Employer		

**Additional household members:**

_____	_____	_____	M F	_____	_____/_____/_____ Date of Birth
First Name	M.I.	Last Name		Age	
_____	_____	_____	M F	_____	_____/_____/_____ Date of Birth
First Name	M.I.	Last Name		Age	
_____	_____	_____	M F	_____	_____/_____/_____ Date of Birth
First Name	M.I.	Last Name		Age	
_____	_____	_____	M F	_____	_____/_____/_____ Date of Birth
First Name	M.I.	Last Name		Age	

**Emergency Contact Information**

_____	_____	_____	_____
First Name	Last Name	Relationship	Phone

**Initials, Authorizations, and Signatures**

Initial \_\_\_\_\_ **SECURITY:** The Grants Pass Family YMCA hereby advises its members, guests and participants that we **review sex offender lists**, reserve the right to **do background checks** and **reserve the right to cancel any privileges** based upon said background checks and/or sex offender list reviews. The Y also **reserves the right to terminate privileges** of any guest at any time for reasons including, but not limited to: taking actions contrary to the Y's Mission, disrupting the Y's operations (ie not following facility/program rules and/or policies), 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. **I/we hereby authorize the Y to use snap shots and/or videos** of myself or 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.

Initial \_\_\_\_\_ **CHILD SAFETY:** The Grants Pass Family YMCA **exercises some general supervision** over the facility and conduct of patrons. However, please be advised **children 12 and under** may not be in the building without a parent or guardian before 12pm unless they are registered in a supervised program. **Children under the age of 6** must be accompanied by a parent/guardian or must be registered in a supervised program at all times. Unattended children will be instructed to wait in the lobby or be placed in a childwatch room at the parent/guardian expense. It is the responsibility of each parents/guardian to ensure their child(ren) behave in a safe, respectful and responsible manner. In addition, all children entering the Y for any reason must be checked in.

Initial \_\_\_\_\_ **INDEMNITY/WAIVER & AUTHORIZATION FOR TREATMENT:** In consideration of the right to participate in Grants Pass Family YMCA programs and activities for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any off site program affiliated with the Y, also including but not limited to the climbing wall and horseback riding hereby acknowledge there are not warranties applicable to the equipment provided by the Y. Any equipment I receive, rent or borrow from the Y I use voluntarily and at my own risk. In addition, I voluntarily desire to participate in such activities being fully aware of the dangers and voluntarily assume all risk of loss, damage, injury, bodily harm or death. I further agree to the following: **I agree to save and hold harmless the Grants Pass Family YMCA, it's officers, agents, representatives, executors, and all others of any and all claims for damages to person or property** including but not limited to losses, claims, costs, expenses, judgments, or injuries suffered by me or my minor child as a result of said participation. I also hereby agree to assume those risks on my behalf of myself and on behalf of my minor child(ren) and to hold harmless the Grants Pass Family YMCA.. In addition, I hereby **authorize the Grants Pass Family YMCA to secure required medical attention for myself or my minor child(ren) at my expense in the event of sickness or accident.**

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

<b>Visiting YMCA Verification</b>	<b>FOR OFFICE USE ONLY</b>		
_____	_____	_____	_____
Home City	Home State	Member No	Verified By