



Community Member Application

Day Pass Program Participant Reciprocity

revised 3/18/20

PRIMARY ADULT

First Name _____ M.I. _____ Last Name _____ Date of Birth _____ Gender M F

Mailing Address _____ City _____ State _____ Zip Code _____

Cell Phone _____ Home Phone _____ E-mail _____

Employer & Work Phone (optional) _____

Emergency Contact Name _____ Phone _____ Relationship _____

ADDITIONAL GUEST INFORMATION

Name	Date of Birth	Gender	Relationship	Cell Phone
		M F		
		M F		
		M F		
		M F		
		M F		
		M F		
		M F		

_____ I have read, understand, and agree to abide by the YMCA's Waiver & Release, Code of Conduct, Facility Guidelines, Pool Policy, and all policies and guidelines, currently in place or hereafter enacted.

_____ I understand that unauthorized cell phones, cameras, PDAs & video recording devices are **prohibited** in all locker room areas unless used by medical, law enforcement, YMCA, or EMT personnel in emergency situations.

_____ I understand that all memberships are non-refundable and all cancellations require a minimum 30 day notice. I also understand that as a courtesy, the YMCA will allow me to put my membership on hold once per year, for up to three months, at no cost and requires a minimum 30-day notice.

Primary Adult Signature _____ Date _____

Daxko ID: _____ Date: _____ Initials: _____ Raptor