



# McLeod Mountainside

## YMCA BASIC MEMBERSHIP APPLICATION FORM

Welcome to the YMCA of Central New Mexico

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ ST \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone (H): \_\_\_\_\_ Phone (w) \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

For Family Membership List Family Members:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

**In case of emergency notify:**

Name: \_\_\_\_\_  
 Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_  
 Cell \_\_\_\_\_ other \_\_\_\_\_

**Parent Name if Youth Membership:** \_\_\_\_\_

Special Instructions: \_\_\_\_\_

### MEMBERSHIP AND HOLD HARMLESS AGREEMENT

The YMCA of Central New Mexico (YMCA) does not assume any liability or loss in connection with the exercises and/or instruction or use for the YMCA facilities. Please consult with your doctor/physician before beginning this or any exercise program. Accordingly, members, their families, and guest (the member) expressly agrees and understands that the use of the equipment and facilities, and the participation in activities at any location used by the YMCA shall be undertaken at the member's own risk.

Furthermore, the member expressly represents that he/she is physically able to undertake in any and all chosen activities such as physical exercises, use of facilities, and instructed activities as provided by the YMCA. The member represents they have consulted with a health professional regarding any and all physical limitations the member may have and the member accepts full responsibility to regulate his/her activities accordingly.

The member expressly assumes full responsibility for any injury or damages which may occur to himself/herself in or about the premises of the YMCA. The member forever releases and discharges the YMCA, its boards, agents and employees from any and all claims, demands, damages, right or cause of action, including but not limited to all present, past and future claims. In addition, if the member shall be found liable for any injury or damages the member hereby agrees to hold YMCA harmless from said loss and/or liability.

The member expressly agrees to abide by all rules and regulations of the YMCA, and understands that failure to comply with rules and regulations may result in the revocation of this membership.

The member understands that this membership is non-transferable to another person or family member and is non-refundable.

Member's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
New <input type="checkbox"/> Renewal <input type="checkbox"/>	Member ID# _____
Membership Type: _____	Joining Date: _____
Bank Draft: _____ Annual _____ Other: _____	Exp. Date: _____
Amount of Membership: _____	Staff Initials: _____

How did you hear about the YMCA?
<input type="checkbox"/> Member/Friend Referral
<input type="checkbox"/> Newspaper
<input type="checkbox"/> Television
<input type="checkbox"/> Drive By
<input type="checkbox"/> Mail Promotion
<input type="checkbox"/> Other _____