

First Name

## FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

Last Name

## Program/Guest Application

Relationship To Primary

Branch:	RELEASE O	F LIABILITY				
Caldwell YMCA	Family YMCA	YMCA participants understand that recreational activities do have inherent risks which are beyond the control of the Treasure Valle Family YMCA and its staff, volunteers and members. I, the undersigned, do understand that upon using the facility and/or services that I hereby assume all risk for the behavior, actions, and safety of myself, and persons under my care when involved in the activities. Therefore I, assume full responsibility for personal injury to myself, and to persons under my care, or for loss or damage personal property and expenses thereof as a result of negligence, the negligence of persons under my care participating in said activities, or the negligence of the Treasure Valley Family YMCA. I have read and understand this agreement and release of liability, and do voluntarily agree to sign. While on the premises of any Treasure Valley Family YMCA facility or enrolled in any YMCA programyself, and persons under my care agree to act with caring, honesty, respect and responsibility. I also give the YMCA permission to utilize pictures of me and/or my family in YMCA marketing, promotions, and print media. By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of Americand its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodi injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the				
Downtown Boise YM	ICA activities. The					
Tomlinson South Meridian YMCA	activities, or t and do volunt					
West Boise YMCA	utilize picture Membership P and its indepe					
Staff Use Only	fullest extent		YMCA facilities, and from	any liability for o	ther claims, including loss of property, to the	
DATE OF APPLICATION:	The Treasure known by us t guests. If a se	NON SEX OFFENDER ACKNOWLEDGEMENT & SCREENING  The Treasure Valley Family YMCA will deny all applications for membership and/or program participation privileges to anyone who i known by us to be a registered sex offender. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access. By signing below I acknowledge that neither I nor anyone included on this application is a registered sex offende				
RAPTOR CHECK:		ess.  By signing below I acknow <b>ARING POLICY</b>	ledge that neither I nor ar	iyone included on	this application is a registered sex offende	
STAFF WHO SET UP ACCOUNT:	The Treasure programs for	Valley Family YMCA reserves the marketing and promotional pur	poses. By signing below I	give the YMCA pe	YMCA facilities and at YMCA events and rmission to utilize pictures of me and/or my olicy please call 208.344.5502 ext. 282.	
	By signir	ng below I (we), agro	ee to all policies	outlined al	bove	
Primary Adult (requ	Middle Name	Last Name	Date of Bir	th	Gender	
Street Address	Apt #	City	State		Zip	
Home Phone		Cell Phone En		Email Addres	mail Address	
Primary Adult Signature					Date	
Secondary Adult (If	Applicable) *F	Photo ID Required				
First Name	Middle Name	Last Name	Date of Bi	rth	Gender	
Secondary Adult Signature					Date	
Others Included On	This Visit * Ph	oto ID Required Fo	r Anyone Over	18		
First Name Midd	lle Name	Last Name	Date of Birth	Gender	Relationship to Primary	
First Name Midd	lle Name	Last Name	Date of Birth	Gender	Relationship to Primary	
First Name Midd	dle Name	Last Name	Date of Birth	Gender	Relationship to Primary	
Emergency Contact						
<b>J</b> , 11 1110						

Phone Number