



METROWEST YMCA
Membership Application
*We're for: Youth Development, Healthy Living,
 Social Responsibility*

Office Use Only

NAME	FIRST NAME <i>(Primary Member)</i>	MI	LAST NAME	
ADDRESS	STREET	CITY	STATE	ZIP CODE
EMAIL ADDRESS			PERSONAL	BIRTH DATE
				GENDER
TELEPHONE NOS.	HOME NUMBER	CELL NUMBER	WORK NUMBER	
EMERGENCY	EMERGENCY CONTACT NAME	EMERGENCY CONTACT'S PHONE NO.	RELATIONSHIP	

FAMILY MEMBERS			
NAME (LAST IF DIFFERENT)		BIRTH DATE	GENDER
2nd ADULT	2nd Adult Email Address		
1.			
CHILDREN UNDER 18			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

MEMBERSHIP AGREEMENT	
<p>I understand the YMCA is dedicated to the development of all people regardless of age, gender, race, religion, income or ability. I also understand that our programs, services and facilities are designed to enhance the spiritual, mental, physical and social quality of life for our families, our communities and ourselves. I hereby certify that to the best of my knowledge my family and I are in normal health and capable of safe participation at the MetroWest YMCA. My family and I hold the YMCA harmless for all injuries, property damage, theft and lost or stolen articles incidental to the use of the YMCA facility including, but not limited to, physical activities in which my family and I engage. I also understand that the YMCA reserves the right to revoke memberships.</p>	
MEMBER SIGNATURE _____	TODAY'S DATE _____

DESK USE ONLY

Membership Type _____ Member Service Staff Signature _____