

DAY PASS or Tour Information

*Required Information, please print

*Name _____

If additional family members, please write name, DOB on back.

*Date of Birth _____

*Phone _____ *Gender _____

*Address _____

*City, State, Zip _____

Email _____

May we have permission to add you to our email list to receive 2 emails a month about upcoming events?

*Emergency Contact Name _____ *Emergency Phone _____

How did you hear about the YMCA? _____

Would your employer be interested in talking to us about a corporate membership (5 or more on payroll deduct or 10 wanting to join) if so where? _____

Liability Waiver: I am aware that participation in YMCA programs and use of YMCA facilities may involve certain hazards associated with equipment, physical exertion, games, sports and other activities offered by the YMCA. In consideration of, and as part payment for, the right to use YMCA facilities and participate in YMCA programs, I hold harmless, waive and release the YMCA ("YMCA" includes its employees, volunteers, directors, and board members) of damages of any type, including permanent physical injuries or death, arising out of the ordinary negligence of the YMCA and also for damages of any type arising out of my own negligence in whole or in part. I fully understand and agree I am waiving all claims I may have against the Plainview YMCA and I agree I will not bring a lawsuit against the YMCA arising out of its ordinary negligence.

Cell Phone/Videotaping: Due to the advances in video equipment and telephone video technology, and for the safety of our members and guests, any and all video and picture-capable equipment and devices may not be used in locker rooms, dressing area, shower areas, restrooms or other areas deemed to be "private" within the Y's facilities.

Member Conduct and Right to Use the Facility: I agree to abide by all policies and procedures of the Y and its branches as posted. I understand failure to act in accordance with these rules may result in expulsion from the Y.

Property Loss: I understand the Y is not responsible for personal property lost, damaged, or stolen while using the Y's facilities.

*Guest Signature _____ *DATE _____

For Office Use Only

Nationwide membership: YMCA Branch _____

Verified by: _____ Date: _____

System: _____ Date: _____

Areas of Interest

- | | |
|---|--|
| <input type="checkbox"/> Group Exercise | <input type="checkbox"/> Teen Activities |
| <input type="checkbox"/> Spin Classes | <input type="checkbox"/> ChildWatch |
| <input type="checkbox"/> Weight lifting | <input type="checkbox"/> Social Activities |
| <input type="checkbox"/> Youth Sports | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Adult Sports | <input type="checkbox"/> Aquatics |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Coaching |
| <input type="checkbox"/> Senior programs | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Racquetball |
| <input type="checkbox"/> SAFEcamp (Our summer day camp) | |