



GUEST FORM

GUEST NUMBER

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NAME

TITLE (MR., MRS., MS., DR.) FIRST NAME M.I. LAST NAME BIRTHDATE GENDER

RESIDENCE

STREET CITY STATE ZIP CODE

TELEPHONE NUMBERS / E-MAIL ADDRESS

HOME PHONE CELL PHONE WORK OR OTHER
 () () ()

E-MAIL ADDRESS

EMERGENCY CONTACT NAME and PHONE NUMBER

HOME YMCA-MUST BE VERIFIED

CITY , STATE & PHONE

PURPOSE AND GOALS

As a guest participant of Ottawa YMCA, I agree to cooperate in the accomplishment of the YMCA's accepted purpose – to put Christian principles into practice that build healthy spirit, mind, and body for all. Initials _____

LIABILITY

I understand that the Ottawa YMCA assumes no responsibility for injuries, which I or my child may sustain as a result of my or my child's physical condition or resulting from my or my child's participation in any activities, programs, exercise, or the use of any facility, equipment, or other or sponsored by the Ottawa YMCA & Affiliates. I expressly acknowledge that I assume risk for any and all injuries and illnesses that may result. In consideration of the privilege of joining, or using the YMCA, I hereby voluntarily release and discharge the YMCA, its agents, servants, and employees from any and all claims for injury, death, loss or damage that I or my child may suffer. I understand the Ottawa YMCA is NOT responsible for personal property lost or stolen while guests and/or program participants are using YMCA facilities or on YMCA premises. Initials _____

PHOTO/TALENT RELEASE

I give permission to the Ottawa YMCA to use without limitation or obligation, photographs, film footage, tape recordings or other media that may include my image or voice for purposes of promoting or interpreting YMCA programs.

CONVICTED SEX OFFENDER RESTRICTION

Have you or anyone on membership currently or ever been required to register as a criminal sex offender? **Y N**
 Any individual whose name appears on a county distributed listing of convicted child sex offenders shall be denied entrance and use of the Ottawa YMCA. Any individual on this list shall have the right to appeal this decision to the YMCA Executive Committee within 60 days of denial. Applicant is ineligible to participate while appeal is pending. Any current participant found on this list shall be given immediate written notice of their cancellation and has opportunity to appeal. Initials _____

AGREEMENT TO PROVIDE REQUIRED DOCUMENTATION

I agree to provide acceptable proof of eligibility to receive discounted guest rates.
NEEDED DOCUMENTATION:

- FULL TIME COLLEGE (12+ credit hours)
- MILITARY (Current Active)
- CLERGY (Must be full time profession)
- SENIOR (62+)

Initials _____

Photo ID Must Be Copied On Reverse

Today's Date _____ Signature _____