



### Northfield Area Family YMCA

519 Division Street  
Northfield, MN 55057  
(507) 645-0088  
www.northfieldymca.org

# Membership Enrollment Form

### Membership Type

Family  Youth  Adult

Today's Date: \_\_\_\_\_

Name					
Title	First Name	MI	Last Name	Suffix	Nickname

Birth date	Gender
MM/DD/YY	Circle One
	<input type="checkbox"/> Male <input type="checkbox"/> Female

Address			Telephone Numbers	Email Address
Street	Apt. #		Home (   )	
City	State	Zip	Cell/Other (   )	

### Emergency Contact Information

Emergency Contact Name (First and Last)	
Contact Phone Number (   )	Relation

### Member Referral

How did you hear about the YMCA?

If a member referred you, please list their name so we can acknowledge them.

Employer	2 <sup>nd</sup> Adult's Employer
Company Name	Company Name
Title	Title
Street	Street
City                                  State                                  Zip	City                                  State                                  Zip
Phone Number (   )	Phone Number (   )

### Additional Household Information (Family Membership)

Name with Middle Initial (Last if different)	Gender	Date of Birth MM/DD/YY	Relationship	Email

### Payment

Membership (Family - \$150, Adult - \$100, Youth \$50) \_\_\_\_\_

Program Fees \_\_\_\_\_

Contribution to Financial Aid for Others \_\_\_\_\_

Other \_\_\_\_\_

**Total** \_\_\_\_\_

I would like to pay by check  Check # \_\_\_\_\_

I authorize payment of the above amount to the Northfield Area Family YMCA

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

### Waivers

My signature indicates my understanding that the Northfield Area Family YMCA assumes no responsibility for injuries or illnesses sustained as a result of any physical condition or resulting from participation in any YMCA program or activity. I expressly acknowledge on behalf of my minor children and family members and heirs that I assume the risk for any and all injuries and illnesses that may result in participation in these activities. I hereby release and discharge the YMCA, its officers, directors, employees and volunteers from any and all claims for accidents, injuries, death, loss or damage which I or my family may suffer as a result of participating in these activities. I also hereby authorize the YMCA to secure first aid and medical attention in the event of an emergency, including transport to an emergency facility. I also hereby release all photographs of me and my family members taken by the YMCA for promotional purposes, including the YMCA's website and printed materials.

Signature \_\_\_\_\_ Date \_\_\_\_\_