



YMCA OF SOUTHWEST ILLINOIS Guest/Program Participant Information

Name _____ Birthdate _____

Address _____ E-mail _____

City _____ State _____ Zip _____

Male _____ Female _____ Home/Cell Phone _____

Referred by (Member Name) _____

Emergency Contact _____ Phone Number _____

If Guest/Program Participant is under 18 years, please complete the following:

Parent/ Guardian Name _____ Phone _____

Office Use Only: *Please check for filing purposes*

<input type="checkbox"/> Guest	<input type="checkbox"/> Visit #1	<input type="checkbox"/> Visit #2	<input type="checkbox"/> Visit #3
<input type="checkbox"/> Program Participant	<input type="checkbox"/> Aquatics	<input type="checkbox"/> Fitness	<input type="checkbox"/> Day Camp
	<input type="checkbox"/> Youth Sports	<input type="checkbox"/> Adult Sports	<input type="checkbox"/> Teen

CONDITIONS OF GUESTS/PROGRAM PARTICIPANTS

Guest/Program Participant Health: The participant represents that he/she is in physically sound condition and understands that participation in YMCA activities including but not limited to: group exercise, weight training, recreational sports, and use of pools, spas, saunas, steam rooms and fitness equipment carry a potential risk of injuries or illness. The participant further understands that the YMCA of Southwest Illinois assumes no responsibility for any such injury or illness. Consult with your physician before beginning any exercise program.

Guest/Program Participant Conduct and Right to Use the Facility: The participant agrees to abide by all policies and procedures of the YMCA of Southwest Illinois and its branches; and understands that failure to act in accordance with these rules may result in expulsion from the YMCA and revocation of usage privileges.

Property Loss: The participant understands that the YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities, including parking lots, or while participating in YMCA programs.

Photograph Permission: For adequate sufficient consideration the receipt of which is hereby acknowledged, the participant hereby gives permission for the YMCA to use, without limitation, photographs, film footage or tape recordings which may include the participant image or voice for purposes of promoting or interpreting YMCA programs.

Insurance: The participant understands that the YMCA does not provide any accident or health insurance for its members or participants and further understands it is the participant's responsibility to provide such coverage.

Medical Treatment: The participant gives permission for YMCA staff or volunteers to provide emergency medical treatment, and to arrange for transport to an emergency center for treatment. Also, the participant consents to medical treatment deemed immediately necessary or advisable by a physician.

Cell Phone Policy: In consideration of the privacy of our members and to ensure their safety, cell phone use at the YMCA is restricted to specified areas. Cell phones cannot be used in the locker room or in the fitness center.

Smoking/Tobacco Use: Guests/participants agree not to smoke or use any tobacco products while on YMCA of Southwest Illinois property, including parking lots and grounds.

Release of Liability/Participation: I am an adult age 18 or older and wish to participate in YMCA activities. In addition, if applicable, I give permission for my dependents to participate in YMCA activities. I understand the risk associated with these activities and assume such risk. Therefore, in exchange for the YMCA allowing me, and if applicable, my spouse and my dependents to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its employees, its boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to my/our participation in YMCA activities whether on or off the YMCA's premises.

Guest/Participant Signature

Date

(If under 18, signature of Parent/Guardian)