



# GALLATIN VALLEY YMCA MEMBERSHIP APPLICATION

Type of Membership (Choose one):  Family (\$50)  Single (\$30)  Active Military (\$30)

Primary Member Name(Guardian): \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Would you like to make a donation to the YMCA scholarship campaign? **Y / N** amount of \$ \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Members: (List all members of household for a family membership no need to include primary again)

1. **Single Member Name:** \_\_\_\_\_

Relationship to primary member:  Child  Spouse  Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

2. Name: \_\_\_\_\_

Relationship to primary member:  Child  Spouse  Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

3. Name: \_\_\_\_\_

Relationship to primary member:  Child  Spouse  Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

4. Name: \_\_\_\_\_

Relationship to primary member:  Child  Spouse  Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

5. Name: \_\_\_\_\_

Relationship to primary member:  Child  Spouse  Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Mail completed form and fee payable to: Gallatin Valley YMCA  
PO Box 10158, Bozeman, MT 59719  
The Gallatin Valley YMCA is a 501 c(3) non-profit corporation.

\*PLEASE SEE REVERSE\*

Medical Allergies of any listed members: \_\_\_\_\_

Special Medical Concerns of listed members: \_\_\_\_\_

Other Concerns: \_\_\_\_\_

Primary Language Spoken in Home:  English  Spanish  Other \_\_\_\_\_

**PLEASE read and sign the following waivers:**

**INJURY & LIABILITY:** The Gallatin Valley YMCA provides many recreational activities to the public. Serious, catastrophic, and perhaps fatal injury may result from participation in any sport, athletic or recreational activity or physical exercise. I, the undersigned, do understand that upon using the Gallatin Family YMCA facilities and/or programs and/or services that I hereby assume all risks for the behavior, actions, and safety of myself, my minor child(ren) while involved in the activities. Therefore, I assume full responsibility for personal injury to myself and/or to members of my family, for loss or damage to my personal property and expenses thereof as a result of my negligence or the negligence of my family participating in said activities. I have read and understand this agreement and release of liability, and do voluntarily agree to sign. I understand that all members are checked against the Montana Sexual and Violent Offender Registry and may be denied membership at the Gallatin Valley YMCA. I also understand that I can be denied access to the Gallatin Valley YMCA if my account is not current. I understand that to enter the Gallatin Valley YMCA on each visit I will need to bring my membership card. While on the premises of the Gallatin Valley YMCA facility or enrolled in any Gallatin Valley YMCA programs, I agree to act with Caring, Honesty, Respect and Responsibility.

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

Name(s) of Minor Child(ren) I am responsible for: \_\_\_\_\_

**PHOTOGRAPHY/VIDEO POLICY:** I hereby grant the Gallatin Valley YMCA, its legal representatives and assigns, those for whom the Gallatin Valley YMCA is acting with their authority and permission, the absolute right and permission to copyright and use, reuse, publish, and re-publish photographic portraits or pictures of me or in which I may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, from time to time, in conjunction with my own or a fictitious name or reproductions thereof in color or otherwise made through any media at their offices or elsewhere for art, advertising, trade or any other purposes whatsoever. I also consent to the use of any printed matter in conjunction therewith. I hereby release, discharge, and agree to save harmless the Gallatin Valley YMCA, its legal representatives or assigns, and all persons acting under their permission or authority or those for whom they are acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof even though it may subject me to ridicule, scandal, reproach, scorn and indignity. I state further that I have read the above authorization, release, and agreement prior to its execution and that I am fully familiar with the contents thereof.

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

Name(s) of Minor Child(ren) I am responsible for: \_\_\_\_\_



**OFFICE USE ONLY:**

Member #: \_\_\_\_\_ Member Expiration Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_