



Are you currently or have you ever been a member of the Clark Memorial YMCA? \_\_\_Yes \_\_\_No

Which type of membership are you interested in? \_\_\_Family \_\_\_Adult \_\_\_Youth

Are there any specific program areas that you are interested in and would like additional information about? \_\_\_Yes \_\_\_No

If yes, what programs? \_\_\_\_\_

Are you interested in volunteering? \_\_\_Yes \_\_\_No

Please provide any additional information that may help us in reviewing your application?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION'S STATEMENT**

I certify that all the information provided is true, and that I am responsible to notify the Clark Memorial YMCA of any changes of family or financial status immediately should they occur.

In consideration of gaining membership or being allowed to participate in activities and programs of the Clark Memorial YMCA and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge the Clark Memorial YMCA and its officers, agents, employees, representatives, executors and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the Clark Memorial YMCA or the use of any equipment at the Clark Memorial YMCA. I agree to adhere to all policies set by the Clark Memorial YMCA.

I give permission to the Clark Memorial YMCA to use photographs and/or videos of myself and above listed family members for promotion, public relations, records, or other legitimate purposes. I fully understand that there is no monetary payment to be made to me or anyone for my appearance in said photographs or films.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

% Subsidy applicant qualified for: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**