

# DORCHESTER COUNTY FAMILY YMCA MEMBERSHIP APPLICATION

YMCA USE ONLY

Primary Member name \_\_\_\_\_  
Last name First Name

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

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse name \_\_\_\_\_ Cell phone \_\_\_\_\_  
Last name First Name

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

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**Children/Dependents Names ( Only those 18 and under and/or full time students can be included on family memberships. The child/children must be considered your legal dependent to be included on this membership)**

Name _____	DOB	/	/	M / F	please circle	Name _____	DOB	/	/	M / F	please circle
Name _____	DOB	/	/	M / F		Name _____	DOB	/	/	M / F	
Name _____	DOB	/	/	M / F		Name _____	DOB	/	/	M / F	
Name _____	DOB	/	/	M / F		Name _____	DOB	/	/	M / F	

EMERGENCY CONTACT \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

I, \_\_\_\_\_ as a member (or as parent/guardian of) \_\_\_\_\_ do hereby release the Dorchester County Family YMCA, its staff, volunteers, or members from any and all liability for any injury loss or damage connected whatsoever to participation in YMCA activities at this site. I understand this release includes any claims based on negligence, action or inaction of the YMCA, its staff, directors or guests. I have read and am voluntarily signing this authorization and release. I will conduct myself in a positive manner at all times at the YMCA or risk membership termination.

\_\_\_\_\_  
Primary Member

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

