



## Burlington Area YMCA Group Membership Application

*Please Note: Agency must provide supervision of clients at all times.*

AGENCY NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

(Please let the YMCA know of any changes in agency contact as we may need to contact this person on occasion)

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

AGENCY PHONE: \_\_\_\_\_

Membership is: \_\_\_\_\_ New \_\_\_\_\_ Renewal

How will your clients benefit from YMCA membership? \_\_\_\_\_

Briefly describe the type of services your agency offers:

**WAVIER:** In consideration of the YMCA accepting this application, I, for myself, my heirs, executors, administrators, and/or for the minor(s) for whom I am signing, release and forever discharge the Burlington Area YMCA and its officers, employees, directors, agents, servants, and all persons connected with the YMCA, of and from any and all rights, claims, demands and actions of any and every nature whatsoever, for any and all loss, damage, injuries sustained by me or my property, or by the minor(s) for whom I am signing or his/her property at any time.

I declare, for myself and the minor(s) that I/he/she/we am/are/is physically sound and medically approved to participate in the activities of the YMCA. The Burlington Area YMCA has permission to use any photos and/or photos and/or videos of myself and/or my minor children, taken during YMCA programs and classes to be used in its promotional materials, locally and nationally.

\_\_\_\_\_  
Signature of Applicant or Authorized Signature

\_\_\_\_\_  
Date

### Office Use Only:

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Renewal Date

\_\_\_\_\_  
Amount Paid

\_\_\_\_\_  
Check number