



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

# YMCA OF THE PALM BEACHES MEMBERSHIP APPLICATION

YMCA of the Palm Beaches  
2085 S Congress Ave  
Palm Springs, FL 33406

For All Questions Contact:  
Info@ymcapalmbeaches.org  
561-968-9622

## Welcome to the YMCA!

### What Are Your Areas of Interest?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### How Did You Hear About Us?

\_\_\_\_\_

### FOR VOLUNTEER OPPORTUNITIES PLEASE CIRCLE BELOW:

- YOUTH SPORTS
- SENIOR ACTIVITIES
- CLUB PROGRAMMING
- FITNESS
- TUTORING
- MENTORING
- GUEST SERVICES
- CHILDCARE
- FINANCE
- MAINTENANCE
- COMMUNITY BEAUTIFICATION

### Type of Membership (Staff Use Only)

- \_\_\_ Family
- \_\_\_ Adult (18-64)
- \_\_\_ Senior (65+)
- \_\_\_ Teen (13-17)

\*If Corporate Partner:

\_\_\_\_\_

Date: \_\_\_\_\_ Locker #: \_\_\_\_\_ OD: % \_\_\_\_\_ Prorated Dues: \$ \_\_\_\_\_ Joining Fee: \$ \_\_\_\_\_  
Donation (ONE TIME or MONTHLY): \$ \_\_\_\_\_ Total Paid: \$ \_\_\_\_\_ Total Monthly: \$ \_\_\_\_\_

\_\_\_ Renew Active

ID# \_\_\_\_\_

\_\_\_ Silver Sneakers

ID# \_\_\_\_\_

\_\_\_ Silver & Fit

ID# \_\_\_\_\_

\_\_\_ Community Member

Program \_\_\_\_\_

\_\_\_ Nationwide (A.W.A.Y.) Member

Location \_\_\_\_\_

ID# \_\_\_\_\_

\_\_\_ Open Doors/Financial Assistance

### Primary Adult (18 and Over Requirement)

First name	Middle name	Last name
Driver's License #	Gender	Date of birth
Street address	City	State Zip
Home phone	Cell phone	Email Address

### Additional Family Members (If Applicable)

Name (first, middle, last)	Age	Birth date	Gender	Relationship to member
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Emergency Contacts

Name	Phone	Relationship to member
_____	_____	_____
Name	Phone	Relationship to member
_____	_____	_____

### Complimentary "Fit First" Fitness Orientation:

A "Fit First" Appointment can be the support that you need as you seek better health and well-being, and it is free to members. In your initial appointment, you will work with a Health and Wellness coach on a one-on-one basis to come up with a personalized wellness plan that fits your goals, interests and lifestyle. After your first meeting, check in with your wellness coach periodically for guidance and support until you are comfortable to move forward on your own. With your coach you may cover any of a variety of wellness topics, programs and opportunities available at our YMCA as you work towards a healthier way of life. If interested, please check in with a wellness coach or email mcaserta@ymcapalmbeaches.org to schedule your "Fit First" Fitness Orientation today!

### In Need of Financial Assistance? - Ask Us About Our Open Doors Program

Since 1917, YMCA of the Palm Beaches has served Palm Beach County, working side-by-side with local families and neighbors to ensure that everyone, regardless of age, income or background has the opportunity to learn, grow and thrive. With a focus on youth development, healthy living and social responsibility. The Y has a goal of never turning away an individual or family from a needed program or service due to their inability to pay. Thanks to the generous support of those in the community, the YMCA of the Palm Beaches is able to provide hundreds of thousands of dollars in financial assistance each year.

**HOURS OF OPERATIONS:**  
MON-THURS: 6AM-9PM  
FRIDAY: 6AM-7PM  
SATURDAY: 7AM-5PM  
SUNDAY: 10AM-4PM





# Agreement to Participate & Waiver of Liability

## Mandatory Risk Waiver and Membership Understanding

**Agreement to Participate:** I understand that I am expected to behave in a courteous manner consistent with the YMCA's Character Development Core Values of Caring, Honesty, Responsibility and Respect. Any violation of the YMCA of the Palm Beaches member's code of conduct will result in my immediate termination from the facility. I attest that I am aware that the YMCA of the Palm Beaches strongly advises a pre-participation medical check-up and annual medical evaluation by a/my physician for participation in YMCA physical activities. I attest that I am physically fit to participate in YMCA physical activities.

**Release and Waiver of Liability and Indemnity Agreement:** In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to: observation or use of facility or equipment; or participation in any program affiliated with the YMCA without respect to the location, the under-signed, for himself or herself and any personal representatives, heirs, and next of kin hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises, facilities and affiliated program(s). It is further warranted that such entry into the YMCA or its programs for observation, or use of and facilities or equipment, or participation in such affiliated program(s) without respect to location, constitutes an acknowledgement that such premises, facilities and equipment thereon, and other such affiliated programs have been inspected and carefully considered, and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATING IN ANY PROGRAM AFFILIATED WITH THE YMCA WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES & CONENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demand therefore on account of injury to the person or property or resulting death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, SAVE & HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost that may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon, or participation in any program affiliated with the YMCA.
4. SEXUAL OFFENDER BACKGROUND CHECK POLICY; The mission of the YMCA of the Palm Beaches is to provide a safe and threat free environment. For this reason, the YMCA monitors the sexual offender registry. Persons on this list will not be eligible for YMCA Membership, program participation, nor volunteer or take employment opportunities at the YMCA of the Palm Beaches. By signing the waiver, I understand this policy and give my permission to be screened through the sexual offender registry.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by law of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. (WAIVER MUST BE NOTARIZED IF SIGNATURE IS NOT COMPLETED AT THE TIME OF REGISTRATION).

INITIAL FOR FLORIDA MINOR RELEASE & WAIVER (IF APPLICABLE): This is your release and waiver of Liability (the "Release"). You individually and on behalf of your minor child release the YMCA of the Palm Beaches, its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately. You are hereby agreeing that, even if YMCA uses reasonable care in providing youth activities and programs, there is still a chance you're your child may be seriously injured or killed by participating in this activity because there are certain dangers inherent in the activity which cannot be avoided or eliminated. By Initialing & Signing this form, you are giving up your child's right and your right to recover from YMCA in a lawsuit for any personal injury, including death, to your child or any property damage that results from the risks that are a natural part of the activity. You have the right to refuse to sign this portion of the form, and YMCA has the right to refuse to let your child participate if you do not sign and initial this form.

INITIAL FOR PARTICIPATORY USE OF THE OELSNER SKATE PARK (IF APPLICABLE): This release as a portion of your waiver of liability verifies that the signee along with any participating party under contract attests to being physically fit and holding of sufficient training for activities within the Oelsner Skate Park (note that training is available for an additional fee). I am fully aware that skateboarding, biking and other similar activities can be hazardous and can result in serious injury or even death. I further agree that a HELMET will be worn at all times while within the skate park, and for the safety purposes, I will also refrain from distracting actions such as rubbernecking or gum chewing while participating in these activities. I understand and agree that I am not to be performing any type of board, bike, or other similar activity outside of the skate park grounds while on property and as such the no non-skaters are to not be allowed within the skate park course. I am prohibited from taking coolers or backpacks inside the skate park itself. The YMCA of the Palm Beaches reserves the right to close the Oelsner Skate Park due to inclement weather or when the surface is wet. Refunds or rainchecks will not be provided.

INITIAL FOR PHOTOGRAPHIC RELEASE: I give the YMCA permission to take and utilize pictures/videos of me and/or my family in YMCA marketing, promotions, social and print media.

INITIAL FOR MOBILE ALERT/CONSTANT CONTACT: I give the permission to text/email me with the information as follows: Facility/Pool Closures, Adult & Youth Sports/Programming, Health/Fitness Programming, & Preschool (Circle All that Apply) \*Disclaimer: Depending upon your phone service provider you may be charged a small fee to receive these messages. We recommend you check with your phone service provider before you sign up with our mobile text alert system

INITIAL STATEMENT THAT YOU ARE NOT A SEX OFFENDER: The YMCA of the Palm Beaches will deny all applications for membership and/or program participation privileges to anyone who is a known offender. Acknowledging this is stating that I am NOT a registered sex offender nor is anyone included on our membership application.

INITIAL FOR CONSENT IN REGARD TO OUR TERMS OF AGREEMENT LISTED ABOVE: The undersigned has read, understands, and voluntarily signs the release waiver of liability and indemnity agreement, and the agreement to participate and further agrees that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

Primary adult name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Second adult name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name(s) of minor child(ren) I am responsible for:  
\_\_\_\_\_  
\_\_\_\_\_

## For Silver Sneakers Applicants Only:

I furthermore acknowledge that I have voluntarily chosen to participate in one or more physical exercise or fitness activity or sport programs at the YMCA and I acknowledge (i) the nature of the risks of the particular Programs in which I have chosen to participate, and (ii) the strenuous nature of those Programs. I understand, for example, the risks associated with physical injury, abnormal blood pressure, heart attack and even death; as well as the risks associated with the negligence of our Tivity Health Services, LLC participating location and any other organization or individual participating or involved in providing or promoting any classes, functions, Programs, testing, or other activities that I participate in as an associated Tivity Health™ Program member (including without limitation the owners, officers, directors, employees, and representatives of any of the foregoing). By signing this document, I expressly assume all risk for my health and well-being and expressly assume the other risks associated with participating in the Programs, including, but not limited to, the negligence of a Tivity Health participating location and any other organization or individual participating or involved in providing or promoting any classes, functions, Programs, testing, or other activities that I participate in as an associated Tivity Health Program member (including without limitation the owners, officers, directors, employees, and representatives of the foregoing). I also hereby release, waive, discharge and covenant not to sue any class instructor, any Tivity Health participating location, any sponsoring organization, Tivity Health, Inc., or any of their subsidiaries or any other organization or individual providing or promoting classes, functions, Programs, testing, or other activities that I participated in as a Tivity Health Program member (including without limitation the owners, officers, directors, employees, and representatives of any of the foregoing) at any time hereafter, from any and all demands, liabilities, losses, or damages (including death, bodily injury or damage to property) caused or alleged to be caused in whole or in part by the negligence of any of the foregoing people or entities. In addition, I agree that Tivity Health may engage in – and I hereby expressly consent to – (i) the recording (in video and/or still photo format) of my participation in Tivity Health classes, workshops or other programs, and (ii) the publication or other use by Tivity Health of any such recordings in social media, broadcast media, print media, general advertising and similar purposes. I have read and understand this waiver and express assumption of risk. I have also read, understand, and will adhere to all guidelines and policies in regard to this benefit. This waiver and release shall survive the term of any agreement with a Tivity Health participating location or individual. In the event that my physician has recommended any limitations to my physical activity or I have experienced any of the following conditions, I hereby attest that I have informed my physician of the condition(s) and have obtained express consent from my physician to participate in the Programs. • Chest pains while at rest and/or during exertion, previous heart attack or high blood pressure • Any heart or circulatory conditions, such as vascular disease, stroke, chest pain, congestive heart failure, poor circulation to the legs, valvular heart disease, blood clots • Frequent fast, irregular heartbeats OR very slow heartbeats • Diabetes • Previous hip or spinal fracture (as an adult) • Lung disease or shortness of breath after mild exertion, at rest, or in bed • Open cuts on my feet that do not seem to heal • An unexplained weight loss of ten (10) pounds or more in the past six (6) months • More than two falls in the past year (no matter what the reason) • More than one year since I have engaged in regular physical activity.

## SILVER SNEAKERS ONLY

X \_\_\_\_\_ (Initial) / \_\_\_\_\_ (Date)