



# NORTH PENN YMCA

## Guest Registration

**SILVER SNEAKERS  
SILVER & FIT . . .**  
... should not come in as guests.  
Membership and required paperwork  
must be completed and on file. Each  
visit must be logged for payment.

\_\_\_\_\_AWAY \_\_\_\_\_ Day guest \_\_\_\_\_ Trial Membership \_\_\_\_\_ Special Event \_\_\_\_\_  
(Name of Event)

**Thank you for visiting the North Penn YMCA.**

**You must present your hometown YMCA membership card and Photo ID to use the reciprocity program. Non-member guests must be with a member, pay the full guest fee or have a guest pass and complete this wavier.**

**Restrictions or limitations on visits are at the discretion of the North Penn YMCA Administration.**

<b>Name</b>	<b>Guest Home Phone</b>	<b>Date of Birth</b>
<b>Address</b>	<b>Emergency Contact</b>	<b>Emergency Phone #</b>
<b>City</b>	<b>Additional Family Member</b>	<b>Date of Birth</b>
<b>State/Zip</b>	<b>Additional Family Member</b>	<b>Date of Birth</b>
<b>Email</b>	<b>Additional Family Member</b>	<b>Date of Birth</b>

**Member Name** \_\_\_\_\_

### **Informed Consent/Liability Waiver Agreement**

I realize that there may be medical risks associated with physical exercise, the use of this facility, or use of equipment within the facility. I also recognize that the YMCA cannot evaluate my physical abilities and medical limitations as they pertain to participation in programs, to the use of the facilities, or use of equipment within the facility. I, therefore, assume all responsibility for having a thorough medical examination performed, by a medical practitioner of my choice, before participation in any programs and prior to using the facilities or equipment within the facilities. I also assume all responsibility for abiding by the recommendations of said medical practitioner including but not limited to, as they pertain to limitations of exercise, participation in YMCA programs and use of YMCA facilities or equipment within YMCA facilities.

Furthermore, in consideration of my participation in the activities of the North Penn YMCA Association and its respective officers, employees and members, including, but not limited to, its or their own negligence, and do hereby for myself, heirs, executors and administration waive, release and forever discharge any and all rights and claims for damages which I/We may have or which may hereafter accrue to me arising out of or connected with my participation in any of the activities of the North Penn YMCA, use of its facilities, or use of equipment within its facilities; provided however, that the hold harmless agreement, and waiver, release and discharge contained in this paragraph shall not apply to my/our participation in any of YMCA's child care services. By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Association of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

I, the undersigned, have read, understand and agree to the above and will abide by the member code of conduct.

Signature of Guest (must be 18 years old) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian (Under 18 yes old) \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Staff Name \_\_\_\_\_

Follow-up Date/Time \_\_\_\_\_

Join Date \_\_\_\_\_ Membership Type \_\_\_\_\_

Notes: