



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GUEST REGISTRATION FORM ROCHESTER AREA FAMILY YMCA

<input type="checkbox"/> Youth/Student (Ages 3-18) \$5.00	<input type="checkbox"/> Adult (Ages 19-64) \$10.00	<input type="checkbox"/> Sr. Citizen (Age 65+) \$5.00	<input type="checkbox"/> 2 Adults (at least one person 18+) \$15.00	<input type="checkbox"/> Family (up to 2 adults + 18 year old & under) \$25.00
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GUEST NAME _____ DOB ____/____/____

(please print)

PARENT NAME (if guest(s) are under 19) _____

ADDRESS _____

City State zip

E-MAIL ADDRESS _____

(please print)

PHONE NUMBER (____) _____ - _____

EMERGENCY CONTACT INFO: _____

name

phone number

REASON FOR YOUR VISIT TODAY _____

CONDITIONS OF Usage: The applicant(s) represents that he/she understands that participation in exercise, recreational sports and use of pools and equipment, carry a potential risk of injuries or illness. The applicant further understands that the Rochester Area Family Y assumes no responsibility for any such injury or illness. **Member Conduct and Right to Use the facility:** Applicant agrees to abide by all policies and procedures of the Rochester Area Family Y and understands that failure to act in accordance with these rules may result in expulsion from the YMCA property. **Criminal History:** The applicant acknowledges that it is the policy of the Rochester Area Family Y to deny admittance to any individual convicted of a sexual offense. **Property Loss:** The applicant understands that the Rochester Area Family Y is not responsible for personal property lost, damaged or stolen while using Y facilities or participating in Y programs. **Photograph Permission:** The applicant hereby gives permission for the Y to use, without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret YMCA programs. **Insurance:** The applicant understands that the Rochester Area Family Y does not provide any accident or health insurance for its members or participants and further understands it is the applicant's responsibility to provide such coverage.

This guest pass is good for one visit to the Rochester Area Family YMCA.
Copy of photo identification may be required at the time of entrance.

GUEST SIGNATURE _____ DATE ____/____/____