



PARTICIPANT APPLICATION

FOR OFFICE USE ONLY:
<input type="checkbox"/> NSOPW checked for <u>all</u> adults
<input type="checkbox"/> Photo taken
<input type="checkbox"/> Age requirement form given
<input type="checkbox"/> Draft form explained
Type of discount group if applicable: _____

Primary Name [Last Name, First Name]: _____	
Membership Number: _____	Membership Type: _____
Locker Rental: Yes No	Locker Number: _____
YMCA Staff Member Processing: _____	

This form is for participant registration in YMCA of Auburn-Lewiston programs. Once complete, please print, sign by hand, and deliver to 62 Turner Street so we can add you to our online registration system. **Current YMCA members and past participants need not complete this step again.**

1ST ADULT

First Name [legal]: _____ Preferred Name: _____

Middle Initial: _____ Last Name: _____

DOB (MM/DD/YYYY): _____ / _____ / _____ Sex: _____

State of ID: _____ License # _____

Home Phone # _____ Cell Phone # _____

Email: _____ Employer: _____

2ND ADULT

First Name [legal]: _____ Preferred Name: _____

Middle Initial: _____ Last Name: _____

DOB (MM/DD/YYYY): _____ / _____ / _____ Sex: _____

State of ID: _____ License # _____

Home Phone # _____ Cell Phone # _____

Email: _____ Employer: _____

HOME ADDRESS + EMERGENCY CONTACT

Home Mailing Address: _____

Apartment # _____ City: _____ State: _____ Zip: _____

Emergency Contact Name / Phone: _____ / _____

CONTINUED ON NEXT PAGE

YMCA OF AUBURN-LEWISTON MEMBERS MUST READ AND CONSENT TO THE FOLLOWING:

- I am at least 18 years old (parent or legal guardian must sign for a minor).
- I understand the YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs.
- I understand that all memberships are non-transferable and non-refundable.
- The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.
- For security purposes, all members, over the age of 16, are required to have a photo taken for their membership account. Each individual, on a unit, will have their photo taken at the time of joining our YMCA. If they are not present at the time of joining, they will need to stop by the front desk and have their photo taken on their first visit.

Signature (by hand): _____ **Date:** _____

YOUTH 1 First Name [legal]: _____ Preferred Name: _____
Middle Initial: _____ Last Name: _____
DOB (MM/DD/YYYY): _____ / _____ / _____ Sex: _____

YOUTH 2 First Name [legal]: _____ Preferred Name: _____
Middle Initial: _____ Last Name: _____
DOB (MM/DD/YYYY): _____ / _____ / _____ Sex: _____

YOUTH 3 First Name [legal]: _____ Preferred Name: _____
Middle Initial: _____ Last Name: _____
DOB (MM/DD/YYYY): _____ / _____ / _____ Sex: _____

YOUTH 4 First Name [legal]: _____ Preferred Name: _____
Middle Initial: _____ Last Name: _____
DOB (MM/DD/YYYY): _____ / _____ / _____ Sex: _____

YOUTH 5 First Name [legal]: _____ Preferred Name: _____
Middle Initial: _____ Last Name: _____
DOB (MM/DD/YYYY): _____ / _____ / _____ Sex: _____

PLEASE READ AND SIGN THE FOLLOWING WAIVER, AUTHORIZATION, AND RELEASE:

- I hereby grant permission for my children to receive emergency medical treatment for illness or accident if I cannot first be contacted.

Signature (by hand): _____ **Date:** _____