



Membership Number		Date	
Branch Location		Membership Type	
<input type="checkbox"/> Fullerton <input type="checkbox"/> Laguna Niguel <input type="checkbox"/> Mission Viejo <input type="checkbox"/> Newport-Mesa <input type="checkbox"/> Huntington Beach <input type="checkbox"/> Murrieta <input type="checkbox"/> Maple Hill		<input type="checkbox"/> Adult (18+) <input type="checkbox"/> CC/AG Family <input type="checkbox"/> Couple <input type="checkbox"/> Employee <input type="checkbox"/> Family	
		<input type="checkbox"/> GFC Adult/Couple/Family/Senior (circle one) <input type="checkbox"/> Silver Sneakers/Silver & Fit/Active & Fit (circle one) <input type="checkbox"/> Student (14-24; proof of education enrollment) <input type="checkbox"/> Huntington Beach All Access <input type="checkbox"/> Huntington Beach Single Parent Family	

Primary Account Holder		Title	First Name	MI	Last Name	Date of Birth
Mailing Address					City	
State			Zip Code		County	
Primary Phone		E-mail		Allow to email? Y N		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female						
Company Name				Company Phone		
Company Address						
Phone		E-mail				

Emergency Contact (Required)						
Name		Phone		Relationship		
Spouse	Title	First Name	MI	Last Name (if different)	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Occupation/Title		Company Name			E-mail	
A D D I T I O N A L	First Name	MI	Last Name (if different)	Birth Date	Gender	Relationship to Primary

(If applicable): Healthways ID: _____ Silver & Fit ID: _____
 Allergies: _____

OUR MISSION: The YMCA of Orange County puts Christian principles into practice through programs that build spirit, mind, and body for all.
OUR VISION: We will improve lives and strengthen character by fostering youth and family development, healthy living and social responsibility driven by passionate staff and volunteers.
OUR VALUES: Caring, Honest, Respect, Responsibility

It is our goal that no one be turned away from YMCA programs due to financial hardship.
 I would like to contribute to the Annual Campaign.
 Please add: \$2 \$5 \$10 \$_____ to my monthly draft. _____
 Donor Signature

ATTACH INTERVIEW/TOUR CARD HERE

Waiver

In consideration of participating in any YMCA program or using any YMCA facility, the undersigned agrees to the following:
 THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage on account of injury to the person or property except as caused by the negligence of the releasees.
 THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees from any loss, liability, damage or cost they may incur due to the undersigned's participation in YMCA programs or use of YMCA facilities except as caused by the YMCA's negligence.
 THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.
 THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

_____ Signature of Participant	_____ Signature of Parent/Guardian (if participant is a minor)	_____ Date
_____ Signature of Participant	_____ Signature of Participant	_____ Date

Photo and Video/Audio Recording Release Form

From time to time the YMCA of Orange County takes pictures and/or videos of members/participants while in the normal operation of YMCA programs. Most photos/video are used exclusively within the specific program as postings on bulletin boards, such as to document a service learning project that youth are leading as a part of a designated YMCA activity. Occasionally, the YMCA uses photos, video, and/or audio recordings to share with the community the variety of experiences and opportunities available at the YMCA.

In the event that the YMCA of Orange County uses any photos/video/audio footage for external publication purposes the following release is required.

For my participation (or my child's) in activities to be conducted by the YMCA of Orange County, I _____
 (print legal name)
 hereby give my permission and consent to the YMCA of Orange County to print, re-produce, edit, broadcast video film, footage, sound track recordings of me (or my child) for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation, and/or claim, by me.

I agree that the photograph/video /audio becomes the exclusive property of the YMCA of Orange County and I waive all rights hereto.

I represent that I am over the age of eighteen (18) years and I have read the foregoing and fully understand its contents.

No modifications of this agreement shall be of any effect unless it is made in writing and signed by all parties in the agreement.

_____ Date	_____ Signature (Member, Legal guardian)
---------------	---

JUMP START ORIENTATION SCHEDULED		
Name: _____	Name: _____	Name: _____
Date/Time: _____	Date/Time: _____	Date/Time: _____

LAST NAME
FIRST NAME
STAFF
JOIN DATE