



SEWICKLEY VALLEY YMCA

GUEST REGISTRATION

- Guests must bring a picture ID if over the age of 18.
- As a guest, you are limited to three visits per calendar year (January 1 - December 31).
- We are glad to have you as a visitor at the YMCA. Please let us know if you have any questions
- All guests are to be accompanied by a Y Member at all times. The Y Member is responsible for their guest's behavior while in the Sewickley Valley YMCA.

GUEST INFORMATION

Name: _____

Birthdate: _____ M F

Address: _____

City: _____

State: _____ Zip: _____

Primary Phone: _____

Email: _____

EMERGENCY CONTACT

Name: _____

Primary Phone: _____

HOST MEMBER INFORMATION

Name: _____

Member ID: _____

_____ I would like to learn more about becoming a member.

For Office Use only.

MSR _____

Guest Fee: Free \$5 \$10 \$15

Photo ID documented, screened _____ Date ___/___/___

GUEST CONSENT

I understand that the Sewickley Valley YMCA assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any fitness or athletic activities, sports programs, the use of any equipment, or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from my participation in these activities. In consideration of being permitted to enter the Sewickley Valley YMCA and participate in its programs, and intending to be legally bound hereby, I hereby release and discharge the Sewickley Valley YMCA and its agents, assigns and/or employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities.

I have received a Par-Q (physical activity readiness) Questionnaire and will read it in its entirety. If my membership includes other adults, I will share the Par-Q Questionnaire with them.

I understand that the Sewickley Valley YMCA is not responsible for personal property lost or stolen while members, guests, and /or program participants are using the YMCA facilities or the YMCA premises. I understand that all new or renewing members age 18 and over will be required to provide photo identification. 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. Proper forms of identification may include a license, passport, military, student or state identification card. Proper forms of identification may include a license, passport, military, student or state identification card.

I give my permission to the Sewickley Valley YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my image or voice for purposes of promotion or interpreting YMCA programs. I acknowledge as the consent as stated above.

Signature _____

Date: ___/___/___

ADDITIONAL GUEST INFORMATION Please only list additional guests who live in the same household.

Name

Birthdate

Guest 1

Guest 2

Guest 3

Guest 4

Guest 5

Guest 6