



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# **GUEST REGISTRATION**

## **YMCA of Greater Williamson County**

### **OUR GUEST POLICY**

Welcome to the Y! As a membership organization, guest privileges are our way of introducing an individual to the Y. We welcome your participation. Listed below are the procedures and guidelines that have been set for our guests. If you have any questions, please feel free to speak with our Member Services Director or any of our staff at the Member Services Desk.

- Guests are limited to three (3) visits in any one year period of time.
- Our guest fee is \$8 per visit (after use of the three FREE visits). Of note, these fees may be credited to your first month's membership payment should you choose to join the Y within 24 hours of your first visit.
- All guests must fill out this guest registration form, be at least 14 years of age and be able to provide photo identification. Guests who are younger than 18 years of age must have a legal guardian present to sign this form and provide photo identification.
- All guests must sign a participation waiver form - included as part of this guest registration form.

### **GUEST REGISTRATION**

Staff Initials: \_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Guest Of: \_\_\_\_\_ Member ID #: \_\_\_\_\_

**Who should we call in the case of emergency? (This individual should be someone who is not accompanied by you to our facility)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### **GUEST PARTICIPATION WAIVER**

I understand that Y activities have inherent risks and hereby assume all risks and hazards as a result of my or my family members, who are included as part of this membership, participation in all Y programs and facilities, including transportation to and from said activities. I further release, absolve, indemnify and agree to hold harmless, the Y, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of Y facilities or participation in any Y activity, whether located on Y property or not. I shall assume liability for, and defend the Y, its branches, camps, agents, servants, employees, officers and directors for any expenses including, but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums which the directors may pay or become obligated to pay on amount of any, all, and every demand for claim or assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen as a result of any action or omission by USER, its agents, servants, or invitees. USER also acknowledges that the use of the real or personal property is at risk of the USER. **The Y highly recommends that you consult your physician before participating in any physical fitness program.**

Signature: \_\_\_\_\_ Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_