



# **North Central Florida YMCA**

## **GUEST FORM**

Please complete the following information. Please print clearly. All Guests must be accompanied by an NCF YMCA member, unless you are participating in the AWAY program.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender: M / F

Address \_\_\_\_\_  
Street City State Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Are you a member at another YMCA? YES / NO Name of YMCA, If applicable \_\_\_\_\_

AWAY YMCA Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Member Number/Barcode \_\_\_\_\_

### **Type of Guest**

(Please select the correct Guest Type)

- Youth \$5.00
- College \$5.00
- Senior \$5.00
- Adult \$7.00
- Family \$ 15.00
- AWAY YMCA Member (five free visits per month)

I understand that even when every reasonable precaution is taken, accidents sometimes occur. Therefore, in exchange for the YMCA allowing me to use the facility, and participate as a guest, I understand and expressly acknowledge that I release the YMCA and its staff members from liability for any injury, loss, or damage connected in anyway whatsoever to participation in YMCA programs and services on or off the premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its staff, directors, members, and guests. In addition, I acknowledge and understand while in the facility I will be held to the same high standards of behavior expected of any YMCA member or guest.

I have read and am voluntarily signing this authorization and release form.

\_\_\_\_\_  
Signature of Participant or Parent (if participant is under 18 years of age) Date

Name of YMCA Member you are accompanying \_\_\_\_\_