

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DATE WAIVER SIGNED _____

STAFF INITIAL _____

___ 2-DAY ___ FIXED-END ___ AWAY

VOLUSIA FLAGLER FAMILY YMCA GUEST WAIVER (PLEASE PRESENT A PHOTO ID)

NAME _____ D.O.B. / /

STREET ADDRESS _____ APT. _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

HOME PHONE () _____ CELL PHONE () _____

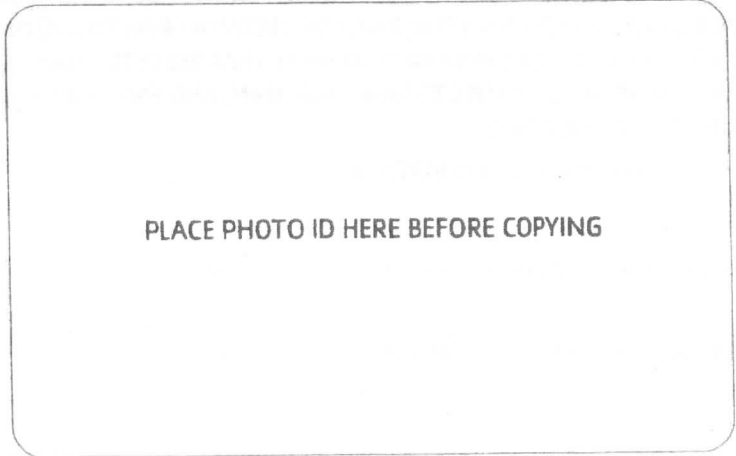
EMERGENCY CONTACT

NAME _____

PHONE () _____ RELATIONSHIP _____

HOW DID YOU HEAR ABOUT THE YMCA

- ___ BROCHURE ___ TV
- ___ NEWSPAPER ___ RADIO
- ___ EXISTING MEMBER ___ MARQUEE
- ___ PAST MEMBER ___ DROVE BY
- ___ FRIEND ___ WEBSITE
- ___ OTHER (PLEASE LIST)



PLACE PHOTO ID HERE BEFORE COPYING

IS THIS YOUR FIRST VISIT TO THIS Y? ___ YES ___ NO

ARE YOU INTERESTED IN JOINING? ___ YES ___ NO

PLEASE SIGN WAIVER ON BACK

