



SHEBOYGAN COUNTY YMCA

2017 SUMMER MEMBERSHIP APPLICATION

Membership Type	Age	Rate	Active Dates
Preschool	6 Months - Age 6	\$30.00	6/12/17 - 9/1/17
Grade School	Ages 7 - 14	\$40.00	6/12/17 - 9/1/17
High School	Grades 9 - 12, includes 2017 graduates	\$50.00	6/12/17 - 9/1/17
College	Ages 18 - 24, must present college ID	\$75.00	100 days from join date

PLEASE PRINT CLEARLY.

AGE 18+ MUST PRESENT DRIVER'S LICENSE OR PHOTO ID.

→ **Full Legal Name** _____ Birth Date _____ M F

Street Address _____ City _____

State _____ Zip Code _____ Phone 1 _____ Phone 2 _____

School _____ Grade _____ Email _____

Father's Name _____ Phone # _____

Mother's Name _____ Phone # _____

→ **Do you have a medical condition/allergy we should be aware of?** Yes No

Condition or Allergy _____

→ **In case of emergency, please contact:**

Name _____ Relationship _____ Phone # _____

→ **Has anyone listed on this application ever been convicted of a felony?** Yes No

If yes, please list name(s) _____

If this membership application is falsified in any way, we reserve the right to deny or cancel the membership. Membership fees are non-refundable. They may in most instances be transferred to another YMCA. I understand the Sheboygan County YMCA maintains insurance to cover its legal liability. It does not carry accident or health insurance to cover users in the instance of accident or injury.

→ **Signature of Applicant or Parent** _____ **Date** _____

When in the course of normal events or circumstances beyond our control, it is necessary to close sections of or the whole facility for cleaning, repairs, weather conditions or an emergency, a membership extension or refund is not granted.