



SHEBOYGAN COUNTY YMCA

2026 SUMMER MEMBERSHIP APPLICATION



<input checked="" type="checkbox"/> Membership Type	Age	Rate	Active Dates
Preschool	6 Months - Age 6	\$50.00	6/8/26 - 9/6/26
Youth	Ages 7 - 14	\$60.00	6/8/26 - 9/6/26
High School	Grades 9 - 12, includes 2026 graduates	\$70.00	6/8/26 - 9/6/26
College	Ages 18 - 24, must present college ID	\$110.00	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** _____

Parent/Guardian's Name _____ **Date of Birth** _____ **Phone#** _____

Parent/Guardian's Name _____ **Date of Birth** _____ **Phone#** _____

Secondary Email (if applicable) _____

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) _____

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.

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.

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

SHEBOYGAN COUNTY YMCA MEMBERSHIP RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in YMCA activities, and for other good and valuable consideration, I hereby agree to **release** and **discharge from liability** arising from negligence by the YMCA and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releases"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that participating in YMCA activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. **I expressly accept and assume all of the risks inherent in all activities or that might have been caused by the negligence of the Releases.** My participation in YMCA activities is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. **I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releases from any and all claims, demands, or causes of action which are in any way connected with my participation in all activities, or my use of all equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct.** Should Releases or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in any/all activities, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in YMCA activities, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so in the state where Releases facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in all activities, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that YMCA activities might not be made available to me or that the cost to engage in these activities would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

Signature _____ Print Name _____ Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's name) being permitted to participate in YMCA activities, I further agree to indemnify and hold harmless Releases from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent/Guardian _____ Print Name _____ Date _____