

YMCA of San Joaquin County



**CHEADLE FAMILY CENTER
MEMBERSHIP FORM**

Parent/Guardian/Caretaker **Child/Participant**

First Name	Middle Name	Last Name

Gender (check one)	Birthdate	Race (check one)	<input type="checkbox"/> Native American <input type="checkbox"/> African American/Black
<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	

Address

City	State	Zip
	CA	

Home Phone	Cell/Other Phone	E-Mail Address
()	()	

Emergency Contact

First Name	Last Name

Emergency Contact Phone
()

Relation to Primary? (check one)						
<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Parent	<input type="checkbox"/> Dependent	<input type="checkbox"/> Friend
<input type="checkbox"/> Other						

Waiver of Liability

I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children which might arise directly as a result of, and or participation in the YMCA of San Joaquin County, the various branches and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA expressly including, but not limited to the Board of Directors of the YMCA of San Joaquin County except injuries caused intentionally, or by willful misconduct. I give permission for my picture to be used as a promotion for YMCA. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by my heirs, administrators, executors, successors, and assigns.

Signature		Date	/ /
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For office use only

Staff		Date entered	/ /	Membership #	
Payment	\$	Collected by		Card Created	<input type="checkbox"/> Yes <input type="checkbox"/> No