



# Membership Information/Agreement

**Cortland County Family YMCA**  
**22 Tompkins Street**  
**Cortland NY 13045**  
**607-756-2893**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Fitness Orientation Requested? Y / N

Male  Female

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Youth (1-17)  Young Adult (18-29)  Adult  Couple  SAH  Household  College

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Race/Ethnicity:**  White  African American/Black  Hispanic/Latino  Asian  
 Native Hawaiian or Other Pacific Islander  American Indian or Alaskan Native  
 Two or More  Prefer not to answer

Contact number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employer/School \_\_\_\_\_ Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

IF Couple, SAH or Household  
List family information (List Last Name if Different)

Name	M/F	Birth date	Relationship	Employer/School

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA as written in the YMCA Membership Handbook.

**I have read, understand and agree to the Membership Policies, Membership Payment Policies and Membership Termination Policy stated on the reverse side of this form.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if under 18 y.o., parent/guardian signature required)

Payment Options (for office use only):

EFT  PIF  CC  FC  Scholarship  NYS Alliance  Other: \_\_\_\_\_