



BIG BROTHERS BIG SISTERS COMMUNITY PARTICIPANT MEMBERSHIP APPLICATION

Parent/Guardian Information

First Name: _____ MI: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Primary phone #: (____) _____ - _____ Cell/other phone #: (____) _____ - _____
Email: _____ Date of Birth: ____/____/____ Gender: Male Female Other
(mo / day / year)

Local Emergency Contact Name: _____

Local Emergency Contact Phone: (____) _____ - _____ Relationship: _____

As a 501(c)3 nonprofit organization, the YMCA of San Francisco receives a significant amount of revenue from government and foundation grants. When we apply for funds, these funders routinely ask us to provide information regarding our members' household income and ethnicity. We have included these questions on our membership application so we can provide as much information as possible to our funders. Please check the box "decline to answer" if you prefer not to provide this information. Please note, statistical analyses of this information will not identify or be connected to specific individuals or families. Additionally, we do not sell specific information about our members to any other entity. If we share any of your information with outside entities it will be with your knowledge and consent, and will be for the purpose of enhancing our services to you. Please see our privacy statement at http://www.ymcasf.org/policies/privacy_statement.

Household Income: \$0-\$13,999 \$14,000-\$24,999 \$25,000-\$39,999 \$40,000-\$74,999 \$75,000 and over Declined to state

Asian/Pacific Islander African American/Black Alaskan Native Hispanic
 Native American Caucasian/White Other Declined to state

Youth Participant Information

1) First Name: _____ MI _____ Last Name: _____

Date of Birth: ____/____/____ Gender: Male Female Other
(mo / day / year)

Asian/Pacific Islander African American/Black Alaskan Native Hispanic
 Native American Caucasian/White Other Declined to state

2) First Name: _____ MI _____ Last Name: _____

Date of Birth: ____/____/____ Gender: Male Female Other
(mo / day / year)

Asian/Pacific Islander African American/Black Alaskan Native Hispanic
 Native American Caucasian/White Other Declined to state

YMCA OF SAN FRANCISCO MEMBERSHIP APPLICATION

Release and Waiver of Liability and Indemnity Agreement and Consent for Medical Treatment

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any offsite program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment therein and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

4. THE UNDERSIGNED HEREBY GIVES PERMISSION for the YMCA of San Francisco, or any of its branches, to use any photographs or video footage taken of the undersigned and/or the undersigned's children participating in YMCA of San Francisco activities in future YMCA promotional purposes, without additional release or authorization. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

5. PARTICIPATION: I give permission for my child to participate in YMCA activities, field trips, and for the YMCA to use any pictures taken of my child for future YMCA promotional purposes.

6. MEDICAL TREATMENT: I understand that the YMCA of San Francisco assumes no financial obligation for such treatment but, in the event that I cannot be reached for emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment for, to order injections and emergency treatment for my child as named on this form. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE.

Signature of applicant/parent: _____ Date: ____ / ____ / ____

Print name of applicant/parent: _____

Signature of co-applicant/parent: _____ Date: ____ / ____ / ____

Print name of co-applicant /parent: _____

Print name(s) of child(ren) in program: _____