

YMCA OF CENTRAL STARK COUNTY Foster Care/Kinship Program

The YMCA of Central Stark County will provide a regional membership for youth or teens currently in a Foster Care or Kinship Placement. To apply for the membership, complete both sides of this form and return it to the Member Engagement Desk at any YMCA of Central Stark County.

- Foster Children are eligible for a 1 year regional membership.
- Kinship Children are eligible for a 6 month regional membership.

Child's Information

	Birthdate:
	Phone:
Foster Care	Kinship Care
ormation	
I	Email:
Secondary Phone:	
	ne:
	Zip Code:
	Foster Care

Signature

By my signature, I am requesting a Foster/Kinship membership from the YMCA for the child listed and I certify that all information provided is correct.

Caseworker/CARE Team Member Signature

Date

Participant Release & Waiver of Liability and Indemnity Agreement

In lieu of a signature on the release below, an appropriately completed and signed waiver to participate (or equivalent) from the county agency responsible for the child is also acceptable. Either that documentation or the signature below must be provided in order for the child's membership to be approved.

I hereby accept all responsibility for and assume the risk of any injury or damage to my person or dependent children which might arise directly or indirectly as a result of participation in a YMCA of Central Stark County program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the YMCA, the various branches and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA, except for injuries caused intentionally, or by willful misconduct. 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 signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors and assigns. I understand that the YMCA of Central Stark County is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

Furthermore, by participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence of bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the full extent of the law.

Legal Guardian Signature

Date

YMCA Member Code of Conduct

The YMCA is committed to providing a safe and welcoming environment for all members and guests. To promote safety and comfort for all, all individuals are asked to act appropriately at all times when in our facility or participating in our programs.

I hereby acknowledge that I have received a copy of the YMCA Member Code of Conduct and will abide by its provisions. I take responsibility to share the code of conduct with all members listed on this application.

Legal Guardian Signature

Date

For Office Use:

 Membership type:
 Youth
 Teen/Young Adult

 Membership start date:
 Membership renewal date:
 Notes: