



## Grandparent Summer Membership

Start Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Grandparent's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number's: \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Type of Membership: \_\_\_\_\_

Children in My care and Ages: \_\_\_\_\_

\_\_\_\_\_

### Release:

I hereby release, indemnity and hold harmless the ALTAVISTA AREA YMCA, its employees, and Board of Directors from all claims for myself, heirs, and assigns, which may result from the participation in the programs and activities at the YMCA. I am aware that operation of the machines in the wellness center exercise programs requires physical exertion and place strain on the cardiovascular and musculoskeletal systems. If heir and/or assigned is under the age of 18, orientation is required for access to the wellness center. I certify that my guest has no physical conditions, which would prevent them from safely engaging in such an exercise program. I hereby agree to abide by all rules and regulations of the YMCA Athletic Center.

**Grandchildren, under the age of 18, are not permitted to be left at the Y unattended unless stated differently within a program.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.