



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Mount Vernon Insurance Provider Form

PLEASE PRINT ALL INFORMATION CLEARLY:

Name: _____ Birthdate: _____ Gender: M F
Address: _____ City: _____
State: _____ Zip Code: _____ E-Mail: _____
Home Phone #: _____ Silver Sneakers # or Confirmation #: _____
Which program do you receive? Silver Sneakers/Tivity Health Silver&Fit Optum/Renew Active
Spouses Name: _____ Spouses Phone#: _____
Spouses Birthdate: _____ Silver Sneakers # or Confirmation #: _____
Emergency Contact—Name and Phone #: _____
What is your fitness goal?: _____

RULES AND CODE OF CONDUCT

It is the intent of the YMCA of Mount Vernon to provide a safe and friendly environment for all members, volunteers, guests, and staff. We strive to have our members and staff exemplify an attitude of caring, honesty, respect, and responsibility. Please join us as we build strong kids, strong families, and strong communities by following our Rules and Code of Conduct set forth in the Facility Guide.

"I (the member and his/her dependents) assume all risks, injuries, and property damage incidental to the use of the YMCA facility, including, but not limited to physical activities in which I (we) am (are) engaged."

"I will agree to abide by all policies and procedures of the YMCA of Mount Vernon's Code of Conduct that is set forth in the Facility Guide and understand that failure to act in accordance with these rules may result in suspension or expulsion from the YMCA and revocation of the membership."

"I understand 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."

Participant's Signature

Today's Date

STAFF USE ONLY (Please initial): Entered into Daxko w/ picture _____