



- UMAC Adult
- UMAC Household
- All Access Adult
- All Access Household

Full-Time Staff Membership Application

Primary Member Information

Full Name: _____

DOB: _____ Gender: _____ Race: _____

Marital Status: _____ Primary Phone #: _____ Secondary Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Emergency Contact Name: _____ Phone #: _____

Relationship to you: _____ Place of Employment: _____

Additional Members Information

Full Name: _____ Gender: _____ DOB: _____

Full Name: _____ Gender: _____ DOB: _____

Full Name: _____ Gender: _____ DOB: _____

LIABILITY: I understand that the YMCA of Greater Tulsa, its officers, employees, agents, and volunteers assume no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my observation or participation in any activity, use of facilities or equipment used for YMCA activities. I expressly acknowledge on behalf of myself and my dependents that I assume the risk for any and all injuries and illnesses which may result from my participation in these activities. I hereby release and discharge the YMCA of Greater Tulsa, its agents, officers, volunteers, and employees from any and all claims for injury, illness, death, loss or damage, which I may suffer as a result of my participation in these activities.

INAPPROPRIATE BEHAVIOR: Inappropriate behavior or conduct such as profanity or abusive language, inappropriate attire, smoking, use of alcohol or drugs, the removal of YMCA property, physical harm to another person or threat of such actions, sexually offensive actions, confirmed listing as a registered sex offender, or criminal conduct of any type is unacceptable and will not be tolerated. When the safety of others is threatened, a member or anyone on YMCA property may be immediately removed and expelled from all YMCA of Greater Tulsa facilities.

PROPERTY LOSS: I understand that the YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using YMCA facilities or on YMCA program premises.

PHOTOGRAPH PERMISSION: I give my permission for the YMCA to use, without limitation or obligation, photographs, film footage, or audio recordings which may include my image or voice for purposes of promoting or interpreting YMCA programs.

LOCKER ROOM ETIQUETTE: I understand that photos and/or videos may not be taken in YMCA bathrooms or locker rooms. Anyone doing so may be immediately removed and expelled from YMCA of Greater Tulsa premises.

INSURANCE: I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all YMCA activities. The YMCA does not provide any accident or health insurance for its participants.

MEDICAL RELEASE: I grant the YMCA of Greater Tulsa permission to provide or obtain medical attention for me or members of my family in the event of sickness or injury. I realize and understand that my family insurance policy will be the primary insurance for any accident or medical claim. Should I, or any member of my family, require medical treatment, prescriptions, or hospital care, I am responsible for all expenses. I further understand that I am encouraged to get a doctor's release before starting physical exercise program.

Applicant Signature

Date