# SPRING LAKE 2018 WYCKOFF FAMILY YMCA

## FULL FACILITY MEMBER EARLY DISCOUNT - Valid Through 12/31/2017

NAME: _____ PHONE _____

ADDRESS: _____ CITY _____ ST ___ ZIP _____

Email: _____

Emergency Contact:_____ Phone _____

| CHECK ONE | MEMBERSHIP | Full Member |
|---|---|---|
| | **Family** (includes children under the age of 26 living at home) | $250 |
| | **Family without Children** | $190 |
| | **Individual** (27-61) | $145 |
| | **Individual & One Child** | $165 |
| | **Active Older Adult** (62 & Up) | $105 |
| | **Active Older Adult Couple** (62 & Up) | $150 |
| | **Young Adult** (17-26) | $105 |

Full Membership must remain in place for a minimum of 12 mos. and through the 2018 Lake season.

Please list all family members below. If you need more space, please use the reverse side of this form.

NAME _____ DOB __/__/__ Badge # _____
NAME _____ DOB __/__/__ Badge # _____
NAME _____ DOB __/__/__ Badge # _____
NAME _____ DOB __/__/__ Badge # _____

In consideration of my membership (including my family and all guests) to participate in the activities and swim at Spring Lake Park, I, for myself, my heirs, executors and administrators, hereby release and forever discharge, Wyckoff Family YMCA and all representative and personnel from all liabilities , actions, claims, demands, damages, costs and expenses which may now or in the future have against them or any of them arising out of my participation at the above mention Spring Lake Park including, but not limited to, all injuries that may be suffered by me.

Badges must be worn AT ALL TIMES. Children under the age of 13 must be accompanied by a parent; however, children age 13 and up, who are part of a Full Facility Spring Lake Membership, can enjoy the lake without a parent weekdays 3-7 pm and weekends 11am-7 pm. I attest and verify that, to the best of my knowledge, my physical condition and
fitness are adequate for me to safely take part in the activities at Spring Lake Park. In the event of an emergency, I hereby authorize the Wyckoff Family YMCA staff to seek medical help.

I have read the above and agree to the terms and conditions of membership.

Signature _____ Date _____

*For office use only*

| MEMBERSHIP | AMOUNT PAID | RECEIPT # | DATE | ADULTS | TEEN | CHILDREN | SENIOR |
|---|---|---|---|---|---|---|---|
| | | | | | | | |