



STAFF INITIALS: \_\_\_\_\_

**Joiner Fees and Membership Dues are not Transferable or Refundable**

**Tri-County YMCA of the Ozarks  
Membership Application  
950 Airport Road, Osage Beach, MO 65065  
573-348-9230**

Join Date: _____	<input type="checkbox"/> Full Pay	<input type="checkbox"/> Bank Draft	<input type="checkbox"/> Other: _____
Applicant Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	
Type of Membership:	<input type="checkbox"/> Family	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth <input type="checkbox"/> Couple <input type="checkbox"/> Sr. Single <input type="checkbox"/> Sr. Couple

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  M  F

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_ Email \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Spouse Information**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  M  F

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_ Email \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Family Membership Information**

Dependent/Children's Names	M/F	Birth Date	Relationship	School	Member #

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

**Photo Release: I hereby consent and agree that moving or still pictures may be taken of me by Tri-County YMCA staff (and whomever they may designate) to be used and displayed at their discretion for marketing/public relations purposes.**

**The YMCA Board of Directors may at their discretion adjust membership rates. I understand that I will receive at least 30 days notice prior to any change.**

**TRI-COUNTY YMCA OF THE OZARKS  
WAIVER of LIABILITY**

**Please read the following, initial each section, sign and date below.**

- 1. \_\_\_\_ In consideration of facility access or being allowed to participate in the activities of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility.
  
- 2. \_\_\_\_ I do also hereby release all of those mentioned (**In Number 1**) and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA.
  
- 3. \_\_\_\_ The YMCA has the right to terminate your YMCA privileges and remove you from the facility at anytime if:
  - a) it appears that you are taking actions or doing things that are contrary to the Y's Mission, or
  - b) it appears that your are involved in criminal acts, or
  - c) acting in ways that disrupts the YMCA's operations.
  
- 4. \_\_\_\_ No camera cell phones allowed in the locker rooms.

Signature	Date
Signature	Date
Parent or Guardian, If Minor	Date

**Email addresses are for Tri-County YMCA use only. Email addresses will not be sold to third party providers.**

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FOR OFFICE USE ONLY

MEMBERSHIP TYPE \_\_\_\_\_

JOINING FEE \_\_\_\_\_

MEMBERSHIP FEE \_\_\_\_\_

TOTAL OWED \_\_\_\_\_

TOTAL PAID \_\_\_\_\_

RECEIPT NUMBER \_\_\_\_\_

STAFF INITIALS \_\_\_\_\_

MONTHLY BANKDRAFT AMOUNT \_\_\_\_\_

PAYMENT METHOD     CHECK         CASH         CHARGE