



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Welcome Home



Summer College Special

(Circle membership months)

May	June	July	August	September
	1 month @ \$26 per month			\$ 26
	2 months @ \$24 per month			\$ 48
	3 months @ \$22 per month			\$ 66
	4 months @ \$20 per month			\$ 80
	5 months @ \$18 per month			\$ 90

- No Join Fee
- All Fees must be paid in full at registration
- Must show proof of fall enrollment
- Memberships run per calendar month

Complete membership form on reverse side



Kandiyohi County Area Family YMCA

PO Box 757

1000 Lakeland DR SE Willmar, MN 56201

320-222-9622 www.kandiyymca.org

Membership Application

_____ Primary Contact: Last Name		_____ First	_____ Date of Birth	_____ Gender
_____ Mailing Address		_____ City, State	_____ Zip Code	_____ Phone Number
_____ Emergency Contact Name & Phone <i>(Cannot be someone on account)</i>			_____ E-Mail Address	
_____ Employer Name (Optional)			_____ Date	

Membership Waiver

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

The YMCA Board of Directors reserves the right to shut down the facility once a year for up to a week for maintenance and cleaning.

The YMCA may take, copyright, or publish my photograph for art, advertising, education, promotion, or any purpose consistent with the YMCA mission and agree that the photograph becomes exclusive property of the YMCA.

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.

By signing below I verify that I have read and understand the above information.

Signature _____ Date _____

For Staff Only

Amount Paid _____
Staff Initial _____

Entered Into DAXKO _____
Date _____