

YMEMBERSHIP™

We build strong kids, strong families, strong communities.

OLD COLONY Y - YOUTH BRANCH

465 Main Street * Brockton, MA 02301 * (508) 587-4242

www.oldcoloniymca.org

For Office Use Only

Membership Type: _____

Anniversary Date: _____

MEMBER ID # _____

PARENT/GUARDIAN INFORMATION (PARENTS INFORMATION REQUIRED IF CHILD UNDER 18 YEARS OF AGE)

PARENT INFORMATION

Title: Mr., Ms., Mrs., Miss DOB: ___/___/___ Gender: M__ F__
 First Name: _____ MI.: ___ Last Name _____

Home Address: Street: _____ City: _____ State: ___ Zip _____

Home Phone: _____ Business Phone: _____ E-mail address: _____

Emergency Contact's Name: _____ Phone #: _____ Relationship: _____

Please check below:

Member: ___ Non-Member ___ Type of Membership: Youth ___ Single Parent ___ Family ___ Senior ___

ADDITIONAL INFORMATION:

Name (Last if Different)	Sex	Birth-date	School Name	Grade
Spouse:				
Child:				
Child:				
Child:				
Child:				
Child:				
Child:				
Child:				
Child:				
Child:				

The member and his/her dependents assume all risks, injuries and property damage incidental to the use of the Old Colony Y facility, including, but not limited to physical activities in which they are engaged. I understand and agree that the Old Colony Y reserves the right to take pictures/video of participants for brochures, publications and marketing purposes. In addition, I understand that the YMCA is not responsible for my personal property nor my YMCA membership transferable.

Signature: _____ Date: _____

OLD COLONY YMCA MISSION STATEMENT

The Old Colony YMCA is dedicated to the development of all people regardless of age, sex, race, religion, income or ability through programs based on Judeo-Christian principles that practice and enrich the quality of spiritual, mental, physical and social life for our families, our youth, our communities and ourselves.

Membership Services Receptionist _____ Date _____

Non-Member Letter Sent _____