



PARTICIPATION AGREEMENT

YMCA OF NORTHERN ROCK COUNTY
221 Dodge Street
Janesville, WI 53548
(608) 754-9622, downtowny@ymcajanesville.org

PARKER YMCA
1360 Parkview Drive
Milton, WI 53563
(608) 868-9622, parkery@ymcajanesville.org

MEMBER ID# _____

PRIMARY PARTICIPANT/MEMBER NAME

First _____ Last _____ M.I. _____ D.O.B. _____
Male Female Non-Binary Company Phone # _____ E-mail _____
Address _____ City _____ State _____ Zip _____
Emergency Contact _____ Relationship _____ Phone _____

MISSION & INCLUSION

YMCA MISSION: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.
_____(Initial) As a member/participant of the Association, I agree to cooperate with the YMCA's mission and Code of Conduct. I recognize that YMCA memberships and programs embrace all types of members and that the Y has a commitment to both the value and practice of diversity.

PHOTO/TALENT RELEASE

YES NO I hereby irrevocably release, consent and allow the YMCA of Northern Rock County and its agents to use my or my family members' photograph/likeness/voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement in connection with its use.

NOTICE OF SEX OFFENDER SCREENING

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.

EMPLOYER

Company Name _____ Company Phone _____

FAMILY INFORMATION & DEMOGRAPHICS

HOUSEHOLD INCOME (OPTIONAL):

- Under \$15,00 \$15,000 - \$24,999 \$25,000 - \$34,999 \$35,000 - \$49,999 \$50,000 - \$74,999
- \$75,000-\$99,999 \$100,000-\$149,000 \$150,000 - \$249,999 \$250,000 +

ETHNIC BACKGROUND (Please use number codes where applicable)

- 1 American Indian or Alaska Native 2 Asian/Pacific Islander 3 Black/African American 4 Caucasian 5 Hispanic/Latino 6 Other

NAME (LAST, IF DIFFERENT)	BIRTHDATE	GENDER	RELATIONSHIP TO PRIMARY	ETHNIC CODE (OPTIONAL)

PRIMARY SIGNATURE _____ DATE _____