

JEFFERSON CITY AREA YMCA FOSTER CARE MEMBERSHIP

TO THE APPLICANT: It is important that you complete all portions of this application for your request to be considered. All Foster Care Memberships will be re-evaluated one calendar year from their creation and a new form must be submitted at that time.

MEMBERSHIP: Youth/Young Adult membership. This allows use of any facility.

| | | | |
|----------------|-------|--------|-------|
| NAME OF CHILD: | _____ | | |
| DATE OF BIRTH: | _____ | AGE: | _____ |
| SCHOOL: | _____ | GRADE: | _____ |

| | | | |
|------------------------|-------|-----------|-------|
| NAME OF FOSTER PARENT: | _____ | | |
| ADDRESS: | _____ | HM PHONE: | _____ |
| CITY: | _____ | ZIP: | _____ |
| EMPLOYER: | _____ | WK PHONE: | _____ |
| OCCUPATION: | _____ | | |

Advocate Coordinator: _____ PHONE: _____

| | | | |
|---------------------------------------|-------|-------|-------|
| FOR MEMBERSHIP OFFICE USE ONLY | | | |
| MEMBERSHIP TYPE: | _____ | DATE: | _____ |
| STAFF SIGNATURE: | _____ | | |

Please return form to: Jefferson City Area YMCA
ATTN: Amie Conway
P O Box 104176
Jefferson City, MO 65110
aconway@jcmca.org

RELEASE

I, the undersigned, request permission for (member name)

to enter the Jefferson City Area YMCA (hereinafter "YMCA" in Cole County, Missouri, and to participate in any YMCA activities, including but not limited to: YMCA Fitness Center and all sporting and recreational activities. I know and I assume all those risks, whether those risks arise while on or off the YMCA premises.

In consideration of the permission granted to enter the YMCA premises and/or participate in the aforementioned YMCA activities, I will release and discharge the owners, operators, and sponsors, as well as all other persons connected with the aforementioned YMCA from all claims, demands, actions and causes of action for any sort of personal injury or damage to my property relating to my presence on the YMCA premises and/or participation in any YMCA activities to the extent that those injuries arose from the negligence or any other fault of those connected with the YMCA.

I represent and certify that I am 18 years of age older, and that my attendance and participation in YMCA activities is voluntary, and that I am not an employee or agent of the owners, operators or sponsors of the YMCA premises and/or activities.

I CERTIFY THAT I HAVE READ AND THAT I UNDERSTAND THE FOREGOING REQUEST AND RELEASE.

In witness whereof, I have executed this request and release on this _____ day of _____, 20____.

(Foster Child)

(Advocate Coordinator)

As the foster child is under 18 years of age, this release must be signed by the minor's case worker.