

ROCKLAND COUNTY YMCA 2019 Guest / Dav/ Vistor Pass

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

S _m	201	L9 Guest / Da	ay/ Vistor Pas	FOR SOCIAL RESPONSIBIL
an envisor	er's Name:	(Mambar MI)	ST accompany the guest)	
Day Pass	. 3 Name	(Mellibel MO	or accompany the guest,	
Visitor (no fee) ap	proved by:			
DDIA A DV A 4EA 4DED. DI-				
PRIMARY MEMBER: Ple	ase print			
First Name:		Last Name:		
Date of Birth:		E 'I		
Date of Birth:	Gender:	Email:		
Phone:	Address:			
			City	State Zip
Emorgancy Contact	• • • • • • • • • • • • • • • • • • • •	1.0		
Emergency Contact	required for members und	der age 16		
Name:				
Relationship:				
Address:				City: Stae:
Address				
		Code of Co	onduct	
To unhold our values o	ficaring honesty resi			, need to abide by some basic
•				rules for various areas of our
facilities. Thanks in adv	•	· · · · · · · · · · · · · · · · · · ·		
Each member is accoun	table for his or her ov	wn behavior and attitude v	while in the facility or associa	ted with the YMCA programs.
		propriately while utilizing t	he facility and participating i	n YMCA programs. Dress codes
are posted in each pro				
				guardian at all times.
_		_	all times. Youth ages 13 -	
	•		ney must be actively engag	
, -		paces/ watching TV, play	ying video games is not a p	positive or engaged activity
and is not permitted.				
Our code of conduct pr			shouting and refusal to follo	wingtwestion by VMCA staff
			ed program areas. Physical co	w instruction by YMCA staff.
•	-		r, or sexual contact with ano	
• .	• •		ards YMCA staff or others. B	•
	• • •			weapons or devices that may be
			unds, or use of the building o	
_		•	on YMCA property -all of our	
		_		lepart from the YMCA property. tem to automatically screen all
_			try. In addition, The YMCA re	-
	_		ed of any crime involving sexu	
_		-	ig to the use, sale, possessio	· ·
			nabitually under the influence	
			are encouraged to take respo	
			or comfort to refrain from su vior to a YMCA staff person	ich behavior. Anyone who feels
	• .	•	·	ership Program, I agree to release the
				autonomous member associations in
the United States and Pu	erto Rico, from claims of	negligence for bodily injury or	death in connection with the use	
	including loss of property	y, to the fullest extent of the la		
Signature:	uardian if under age 12	Date:_ 2:		
ID verified?:		A Staff Member:		