



GALION COMMUNITY CENTER YMCA 24-Hour Access Form

Member Information

First Name: _____ MI: _____ Last Name: _____

Gender: M / F Birthday: ____/____/____

Phone Number: _____ Email: _____

Member Number: _____ 24-Hour Access Card Number: _____

Dependent's Name (Must be at least 12 years old)

Name: _____ Birthday: ____/____/____ Relationship: _____ Card #: _____

Name: _____ Birthday: ____/____/____ Relationship: _____ Card #: _____

Name: _____ Birthday: ____/____/____ Relationship: _____ Card #: _____

Name: _____ Birthday: ____/____/____ Relationship: _____ Card #: _____

Name: _____ Birthday: ____/____/____ Relationship: _____ Card #: _____

By signing below, I acknowledge that I have received a copy of the Galion Community Center YMCA 24-Hour Access Policies and Guidelines and understand that if I decline to follow those policies that my membership will be terminated. I also understand the YMCA's Zero Tolerance Policy on allowing people into the building after regular business hours. Video surveillance will be active and archived in the event that footage must be reviewed. I understand that I will be charged \$10.00 for access card replacement if lost stolen or damaged.

Signature: _____ Date: ____/____/____