



FOR YOUTH DEVELOPMENT®  
**FOR HEALTHY LIVING**  
 FOR SOCIAL RESPONSIBILITY

# Every Step Counts

PARTICIPANT NAME: \_\_\_\_\_ SEX: M / F DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DO YOU PREFER TO RECEIVE NEWSLETTERS VIA EMAIL: YES / NO

PHONE NUMBER (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

WHERE ARE YOU EMPLOYED: \_\_\_\_\_ SPECIFIC DEPARTMENT: \_\_\_\_\_

ARE YOU CURRENTLY A Foothills YMCA MEMBER: YES / NO

IF NO, ARE YOU BECOMING A MEMBER TODAY FOR THIS **Every Step Counts** PROGRAM: YES / NO

MEDICAL CONDITIONS/ALLERGIES/ASTHMA/ETC:

\_\_\_\_\_  
 \_\_\_\_\_

**Please check the program option that fits you best:**

**OPTION 1: Become a YMCA member (\$75), and enrollment is free!!!**  
 Program fee of \$10 per month or \$25 every three months

**OPTION 2: \$25 enrollment: \$20/month for first 6 months**  
 then \$10/month there after

**Please check payment method:**  Monthly via credit card  Monthly via invoice  
 Quarterly via credit card  Quarterly via invoice

**Enrollment in the **Every Step Counts** program includes:**

- S2H STEP Pedometer to track your daily steps
- Online support to log steps and redeem rewards
- Monthly/Quarterly walking events and/or fitness educational sessions
- Group/Team challenges and competitions to help motivate you
- Access to various healthy living educational materials to help your fitness knowledge grow
- Suggested walking routes around Oconee County



**Release of Liability:**

I hereby, for myself, my family, heirs, executors and administrators, waive and release any and all claims and damages I have against the Foothills Area Family YMCA, Clemson University, Tribble Center, South Cove Park, Gignilliat Center, and all locations where YMCA programs are held and their respective agents, representatives, successors, and assigns, for any and all injuries which may be suffered by me or my family in connection with participation in YMCA activities and programs. I also state that my child is in good physical condition and able to participate in YMCA programs. In the event of an accident – I am aware that the YMCA does not provide accident insurance and will not hold the YMCA responsible for any injury.

**I understand that NO PETS shall be brought to YMCA programs (leashed or otherwise).**

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

(Please Check)

I DO  DO NOT  give permission to the Foothills YMCA, to use photographs, photographic image or video of myself or my family in official YMCA business, including: Web sites, newsletters, and newspapers, etc.

FOR OFFICE USE ONLY: AMT PAID: \_\_\_\_\_ TYPE OF PAYMENT: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ INITIALS: \_\_\_\_\_