



# WALDO COUNTY YMCA Membership Application

Circle the type of Membership applying for:

Daxko#

(OFFICE USE ONLY)

Adult	College	Family	Senior	Single Parent Family	Youth
ANNUAL (paid in full)		MONTHLY (plus joiner fee)		3-MONTH	

<b>Primary Member</b>	First & Last Name _____ (01) Date of Birth _____
	Address _____ City/Town _____ State _____ Zip _____
	Gender Identity (please check): <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Rather not say <input type="checkbox"/> Additional Identity _____
	Phone # _____ E-Mail _____
	Employer _____
Emergency Contact _____ Emergency Phone # _____	

<b>Additional Members</b>	First, Last, and Preferred Name	Gender Identity*	Relationship**	Date of Birth
	(02)			
	(03)			
	(04)			
	(05)			
	(06)			

\* female, male, rather not say, additional identity; \*\* self, spouse, son, daughter, dependent

Which of the following programming or Y opportunities interest you?

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Aerobics - Group Ex | <input type="checkbox"/> Coaching              | <input type="checkbox"/> Senior Programs   | <input type="checkbox"/> Strength Training |
| <input type="checkbox"/> Aquatics            | <input type="checkbox"/> Family Recreation     | <input type="checkbox"/> Social Activities | <input type="checkbox"/> Summer Camp       |
| <input type="checkbox"/> Board Member        | <input type="checkbox"/> Fundraising           | <input type="checkbox"/> Spinning          | <input type="checkbox"/> Teen Activities   |
| <input type="checkbox"/> Child care          | <input type="checkbox"/> Parent-Child Programs | <input type="checkbox"/> Sports            | <input type="checkbox"/> Volunteerism      |

### FINANCIAL ASSISTANCE APPLICATION

The WCY believes that **membership should be affordable for all**. We offer financial assistance based on household income with consideration to extraordinary circumstances. Please complete the following information and the Membership Director, Jonathan Susee, will contact you to discuss options further.

Applicant Name(s) \_\_\_\_\_ Do you qualify for reduced school meals?  Y /  N

Applicant's Employer \_\_\_\_\_ Secondary Applicant Employer \_\_\_\_\_

Number of Dependent Children \_\_\_\_\_ Ages \_\_\_\_\_ Gross Annual Income \_\_\_\_\_

Please briefly explain specific circumstances that support your request for financial assistance: \_\_\_\_\_

I understand that a YMCA staff member will review this request. The above information is true and I also understand that I am responsible for notifying the Waldo County YMCA if my financial situation changes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY			
Assistance: \$ _____ /month	Dues: \$ _____ /month	_____ /year	Reviewed by: _____ Date: _____



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## AUTOMATIC DRAFT AUTHORIZATION AGREEMENT Please check which Billing Method would you like to use:

Choose which day of month for draft/withdrawal (please check)  1<sup>st</sup> OR  15<sup>th</sup>

Credit  
Card

Name on card \_\_\_\_\_

Address (if different than primary address above): \_\_\_\_\_

Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

OR

Bank  
Draft

Account Type (please check):  Savings  Checking (Voided check is required)

Name on account \_\_\_\_\_

Routing number \_\_\_\_\_ Account number \_\_\_\_\_

By signing below, I/we authorize the Waldo County YMCA (WCY) to initiate debit entries to my/our designated account and to debit the same account from this date forward. This authorization will remain effective until the WCY has received a **30 DAY WRITTEN NOTIFICATION** from me/us of its termination. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Please check all boxes below verifying you read, understood, and agree to:

- I understand & agree that this authorization will remain in effect from this date forward.
- I understand that I will not receive a renewal notice.
- I agree to provide **30 DAYS written notice** to the WCY to discontinue.
- I agree to provide prompt notice in writing of any changes to my account.
- I authorize the WCY to resubmit all returned payments.
- I understand that membership fees are neither refundable nor transferable.
- I understand the WCY conducts regular sex offender screenings on all members, participants, and guests. If a match occurs, the WCY reserves the right to cancel membership, end program participation, and remove visitation access.
- I understand, the WCY may, at their discretion, adjust the membership rate applicable to my category of membership. The WCY will post rate adjustments four weeks prior to any such change.

**PLEASE JOIN US AS A MONTHLY PARTNER!** Monthly partners help ensure that the Y can offer affordable programming to all in Waldo County focusing on youth development, health living and social responsibility.

Yes! I want to make a monthly donation to the Waldo County YMCA in amount indicated below (please check):

\$10/month  
Provides 3 hours of  
gymnasium time for  
Active Older Adults

\$25/month  
Sponsors 12 kids'  
youth sports clinics  
(soccer, hockey, etc.)

\$50/month  
Funds 12 community  
room hours (scouts,  
blood drive, etc.)

\$ \_\_\_\_\_  
 one time gift  
 monthly  
For a better us!

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

\$ Membership Dues (method)
 +
\$ Joiner Fee
 =
\$ Total Paid
 Cash   Check   Credit Card  
 (Circle today's payment)



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**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT.** Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in Waldo County YMCA Programs, now or at any time in the future.

In consideration for being permitted to utilize the facilities, services, and programs of the Waldo County YMCA (hereinafter referred to as "YMCA") for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersign, whether caused by negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Maine and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

As applicable per program participation:

I hereby authorize the employees of the YMCA to call emergency medical assistance and/or perform basic first-aid procedures that are necessary in the judgment of the YMCA. I hereby authorize qualified medical personnel to administer necessary anesthesia and medical treatment in the event of an accident. I understand that I am encouraged to discontinue any activity at any time I feel unable to continue.

I hereby authorize the YMCA to use photos and/or videos in promotional activities.

I hereby authorize the employees of the YMCA to administer medication. Important: medications can only be administered with the medication in the prescription bottle. Without the Physicians name and prescription on the label we cannot administer medications.

I hereby authorize the employees of the YMCA to assist in the application of Sun Block when necessary.

I hereby authorize the qualified employees (over the age of 21) of the YMCA to transport by bus or personal vehicle.

I hereby grant my child permission to attend field trips with the Y during the school year. Information will be sent home prior to each trip.

I hereby authorize the YMCA to opt my email address in for email correspondence including newsletters.

**Contagious Disease Warning & Disclaimer:** Waldo County YMCA in no way warrants that infection from any known or unknown contagious diseases will not occur through participation in Waldo County YMCA programs and activities of accessing Waldo County YMCA facilities.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY & INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

**I Have Read This Release PLEASE Print Name of Participant:** \_\_\_\_\_

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

Signature of Applicant: \_\_\_\_\_

Parent/Guardian Signature Necessary if participant is under age 18

Print Name: \_\_\_\_\_

Have you or anyone else included on this membership ever been convicted of a felony offense?  Yes  No If 'yes', please provide specifics (i.e. offense(s), date of conviction(s), etc.) \_\_\_\_\_