



# VALLEY SHORE YMCA MEMBERSHIP APPLICATION

Membership Type: \_\_\_\_\_ Date: \_\_\_\_\_  
 First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender:  Male  Female Informal Name: \_\_\_\_\_  
 Street: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**AREAS OF INTEREST:**  Family Activities  Adult Sports Leagues  Youth Aquatics  Personal Training  Teen Activities  Senior Wellness  Day Camp  Volunteering  
 Child Care  Youth Sports  Adult Aquatics  Group Exercise  Youth Programs  Senior Aquatics  Other

**SECOND ADULT (FAMILY MEMBERSHIPS ONLY):**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender:  Male  Female Informal Name: \_\_\_\_\_  
 Street: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Employer Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**AREAS OF INTEREST:**  Family Activities  Adult Sports Leagues  Youth Aquatics  Personal Training  Teen Activities  Senior Wellness  Day Camp  Volunteering  
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**FOR FAMILY MEMBERSHIP PLEASE LIST FAMILY MEMBERS BELOW:**

FIRST NAME	MI	LAST NAME	GENDER	BIRTHDATE

THE FOLLOWING IS CONFIDENTIAL INFORMATION. AS A 501(C)(3) NONPROFIT ORGANIZATION, THIS INFORMATION IS USEFUL WHEN APPLYING FOR GRANTS TO SUPPORT THE Y. IT WILL NOT BE SOLD FOR ANY REASON.

**ETHNICITY:**  Asian/Pacific Islander  African American/Black  Alaskan Native  Hispanic/Latino  Native American  Caucasian/White  Other

**PLEASE FILL OUT THE SECTION BELOW IF YOU DID NOT TAKE A TOUR OF THE Y.**

How did you hear about the YMCA?  Website  Flyer in Mail  Radio  Newspaper  Street Sign  Word of Mouth  Healthcare Provider  Other  
 Do you currently engage in regular physical activity?  Yes  No Are you interested in having or being a work-out partner?  Yes  No  
 How active do you consider yourself?  Low (0-1x/week)  Moderate (2-3x/week)  High (more than 4x/week)

**Specific Wellness Goals (check all that apply):**

- Feel better overall
- Improve cardiovascular fitness
- Reshape or tone my body
- Improve sports performance
- Increase energy level
- Prepare for special event
- Decrease pain
- Reduce stress
- Injury Rehab
- Healthier lifestyle
- Build more muscle
- Improve flexibility

**Specific Nutritional Goals**

- Body fat/weight loss
- Improve nutrition habits
- Expand general knowledge
- Control blood pressure
- Control cholesterol
- Improve existing health condition

**When will we see you?**

- Monday
- Tuesday  Early Morning
- Wednesday  Morning
- Thursday  Lunch Time
- Friday  Afternoon
- Saturday  Evening
- Sunday

Is there anything else you would like to share regarding your goals? \_\_\_\_\_



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## MEMBERSHIP WAIVER AND PAYMENT AGREEMENT

**The applicant acknowledges that it is the policy of the Valley Shore YMCA to deny membership to any individual convicted of a sexual offense and that the YMCA will periodically check it's member records of convictions.**

**HAVE YOU EVER BEEN CONVICTED OF A SEXUAL OFFENSE? YES NO**

**Member Health:** The applicant(s) represents that he/she is in physically sound condition and understands that participation in group exercise and other exercise, weight training, recreational sports including use of pools, saunas and fitness equipment carry potential risk of injuries or illness. The applicant further understands that the Valley Shore YMCA assumes no responsibility for any such injury or illness.

**Member Conduct and Right to Use the Facility:** The applicant(s) agrees to abide by all policies and procedures of the Valley Shore YMCA; and understands that failure to act in accordance with these rules may result in expulsion from the YMCA, YMCA extensions and revocation of the membership.

**Property Loss:** The applicant(s) understands that the YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities, including parking lots, or participating in YMCA programs. We recommend bringing a lock and locking your belongings in the locker rooms.

**Medical Treatment:** The applicant(s) gives permission for YMCA staff of volunteers to provide emergency medical treatment, and to transport to an emergency center for treatment. Also, the applicant(s) consents to medical treatment deemed immediately necessary or advisable by a physician.

**Membership Information:** All members are required to present a valid license or State issued ID when signing up for membership. Membership in the YMCA is a privilege and the YMCA reserves the right to cancel any membership if the YMCA deems such action to be in its best interests. Membership dues are non-refundable. Membership dues and similar payments are not deductible as charitable contributions. Membership rates are subject to increase; notice of increase in membership rates will be mailed out 30 days in advance. All monthly drafts/auto pay memberships are to be paid by the end of the month. If the membership dues remain unpaid by the end of the month the membership will be terminated and the member will be responsible for paying the balance.

**Payment Authorization for Auto Pay/Monthly Draft:** I understand that I am authorizing the Valley Shore YMCA to automatically charge membership dues to the credit or debit card that I have provided with this application on the 1<sup>st</sup> or 15<sup>th</sup> of each month until I provide a **written notice 30 days prior** to stop the automatic withdrawal (see Hold/Termination Policy). I understand that the monthly membership starts on the 1<sup>st</sup> of the month and goes until the last day of the month regardless if the draft on the 1<sup>st</sup> or 15<sup>th</sup>. I understand that this is a continuous withdrawal. I understand that refunds are given for **medical reasons only** and I must supply a signed doctor's notes to receive a refund. All other refunds, if accepted, will be in the form of a system credit that can be used towards programs or membership at the Valley Shore YMCA. I understand that the Valley Shore YMCA reserves the right to terminate a membership for non-payment without notice. I understand that the Valley Shore YMCA reserves the right to increase monthly dues and that I will be given 30 days notice of any increases. I understand that if my scholarship amount changes after reapplying, it will be automatically applied to my monthly draft/auto pay and that the YMCA does not require authorization to change this amount. I understand that if my scholarship expires and I do not reapply before, the regular rates will be applied automatically to my monthly draft/auto pay and that the YMCA does not require authorization to change this amount.

**Hold/Termination Policy:** I understand that only monthly/auto pay memberships are eligible to place their memberships on hold for up to 6 months per year. I understand that I must supply a written request prior to the 1<sup>st</sup> of the month. Written notice must include a start date for the hold and a return date. Hold requests will not be processed without a return date/draft resume date. I understand that my auto pay/monthly draft will resume automatically on the return date I supply and that it is my responsibility to notify the YMCA in writing if I plan to terminate or extend my hold prior to the return date. I understand that I am responsible for any fees incurred after my membership is resumed.

I understand that I must supply a **written request 30 days prior** to cancel my auto pay/monthly draft. I understand that any written notice received after the 1<sup>st</sup> of the month will not take effect until the following month and I will be responsible for the membership fees.

**Release of Liability/Participation:** I am an adult age 18 or older and wish to participate in YMCA activities. In addition, if applicable, I give permission for my dependents to participate in YMCA activities. I understand that accidents can sometime happen. The member agrees that the YMCA shall not be liable for any claims, demands, injuries, damages, actions or causes of actions whatsoever, to the member or the member's personal property arising out of or connected with use of any of the services or facilities at the YMCA building Westbrook, CT other YMCA facilities wherever located and includes a release of the YMCA from either active or passive negligence by the YMCA, its servants, agents or employees. Therefore, in exchange for the YMCA allowing me, and if applicable, my spouse and my dependents to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its employees, it's boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its employees, boards, members, volunteers or guests. I understand that the YMCA reserves the right to take or use my photo promoting YMCA services or programs.

### **Signature of All Members Age 18 or Older or Signature of Parent/Guardian of Applicants Under 18**

I accept all provisions of Membership set forth above, and understanding the Missions of the YMCA, hereby apply for membership. I understand that information given for my YMCA membership is the property of the YMCA and is kept as confidential information by the YMCA and its representatives.

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

The Y is much more than a gym. It's a cause, dedicated to youth development, healthy living & social responsibility. Together, we can achieve much more.

We invite you to make a difference in our community, every gift makes a difference. Give today.

I would like to donate one time: \$5 \$10 \$20 \$50 I would like to be drafted monthly: \$1 \$5 \$10 Other \_\_\_\_\_