



YMCA of Greater Hartford

FACILITY MEMBERSHIP APPLICATION

A About you:

Your Name: (First) _____ (MI) _____ (Last) _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Email Address: _____ Preferred Phone: _____

Birthdate: _____ Gender: ☐ Male ☐ Female

Race (optional): _____

This information is optional and will never be shared with anyone. As a 501(C)(3) nonprofit charitable organization, this information is useful when applying for grants to support programs and services at the YMCA.

☐ Asian/Pacific Islander ☐ African American/Black ☐ Alaskan Native ☐ Hispanic/Latino ☐ Native American ☐ Caucasian/White ☐ Other

Employer Name: _____

Employer Address: _____

Town/City: _____ State: _____ Zip Code: _____

Job Title: _____ Business Phone: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

B Tell us about your family (family memberships only):

Second Adult: (First) _____ (MI) _____ (Last) _____

Birthdate: _____ Gender: ☐ Male ☐ Female

Email Address: _____ Preferred Phone: _____

Race (optional): _____

☐ Asian/Pacific Islander ☐ African American/Black ☐ Alaskan Native ☐ Hispanic/Latino ☐ Native American ☐ Caucasian/White ☐ Other

Employer Name: _____

Employer Address: _____

Town/City: _____ State: _____ Zip Code: _____

Job Title: _____ Business Phone: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

What are his/her primary interests?

- | | | | | |
|--|--|--|---|---------------------------------------|
| <input type="checkbox"/> Family Activities | <input type="checkbox"/> Adult Sports Leagues | <input type="checkbox"/> Resident Camp | <input type="checkbox"/> Youth Aquatics | <input type="checkbox"/> Computer Lab |
| <input type="checkbox"/> Personal Training | <input type="checkbox"/> Teen Activities | <input type="checkbox"/> Adult Aquatics | <input type="checkbox"/> Day Camp | <input type="checkbox"/> Youth Sports |
| <input type="checkbox"/> Library | <input type="checkbox"/> Senior Wellness Classes | <input type="checkbox"/> Volunteering | <input type="checkbox"/> Adult Group Exercise | |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Youth Programs | <input type="checkbox"/> Senior Aquatics | <input type="checkbox"/> Other: _____ | |

C Other family members:

Dependent: (First) _____ (MI) _____ (Last) _____ Birthdate: _____ Gender: ☐ Male ☐ Female

Race (optional): _____

☐ Asian/Pacific Islander ☐ African American/Black ☐ Alaskan Native ☐ Hispanic/Latino ☐ Native American ☐ Caucasian/White ☐ Other

Dependent: (First) _____ (MI) _____ (Last) _____ Birthdate: _____ Gender: ☐ Male ☐ Female

Race (optional): _____

☐ Asian/Pacific Islander ☐ African American/Black ☐ Alaskan Native ☐ Hispanic/Latino ☐ Native American ☐ Caucasian/White ☐ Other

Dependent: (First) _____ (MI) _____ (Last) _____ Birthdate: _____ Gender: ☐ Male ☐ Female

Race (optional): _____

☐ Asian/Pacific Islander ☐ African American/Black ☐ Alaskan Native ☐ Hispanic/Latino ☐ Native American ☐ Caucasian/White ☐ Other

Other family members cont.:Dependent: (First) _____ (MI) _____ (Last) _____ Birthdate: _____ Gender: ☐ Male ☐ Female

Race (optional): _____

☐ Asian/Pacific Islander ☐ African American/Black ☐ Alaskan Native ☐ Hispanic/Latino ☐ Native American ☐ Caucasian/White ☐ OtherDependent: (First) _____ (MI) _____ (Last) _____ Birthdate: _____ Gender: ☐ Male ☐ Female

Race (optional): _____

☐ Asian/Pacific Islander ☐ African American/Black ☐ Alaskan Native ☐ Hispanic/Latino ☐ Native American ☐ Caucasian/White ☐ OtherDependent: (First) _____ (MI) _____ (Last) _____ Birthdate: _____ Gender: ☐ Male ☐ Female

Race (optional): _____

☐ Asian/Pacific Islander ☐ African American/Black ☐ Alaskan Native ☐ Hispanic/Latino ☐ Native American ☐ Caucasian/White ☐ Other**What are their primary interests?**

<input type="checkbox"/> Family Activities	<input type="checkbox"/> Adult Sports Leagues	<input type="checkbox"/> Resident Camp	<input type="checkbox"/> Youth Aquatics	<input type="checkbox"/> Computer Lab
<input type="checkbox"/> Personal Training	<input type="checkbox"/> Teen Activities	<input type="checkbox"/> Adult Aquatics	<input type="checkbox"/> Day Camp	<input type="checkbox"/> Youth Sports
<input type="checkbox"/> Library	<input type="checkbox"/> Senior Wellness Classes	<input type="checkbox"/> Volunteering	<input type="checkbox"/> Adult Group Exercise	
<input type="checkbox"/> Child Care	<input type="checkbox"/> Youth Programs	<input type="checkbox"/> Senior Aquatics	<input type="checkbox"/> Other: _____	

Please fill out sections B through F only if you did not take a tour of the facility.

D How did you hear about the YMCA?

☐ Website ☐ Flyer in Mail ☐ Radio ☐ Newspaper ☐ Street Sign ☐ Word of Mouth ☐ Other

E At this time, what statement best describes you?

- ☐ I am good at making every day choices to be healthy and live well.
- ☐ Health and well-being are important, but I have struggled to make them a regular part of my daily life. My nutritional and physical activity levels might be described as "stop and start".
- ☐ Joining the Y is my first formal attempt at making every day choices to be healthy and live well.
- ☐ I have developed a chronic condition that makes health and well-being a priority. Examples include high blood pressure, cancer diabetes, obesity and recommendations by a physician.

F Are you interested in having or being a member work-out partner? ☐ Yes ☐ NoG Are you interested in joining other members as a part of a formal or informal group? ☐ Yes ☐ No

H When will we see you?

What time of day?

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Early Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Late Morning
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Lunch	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Friday	<input type="checkbox"/> Weekend	<input type="checkbox"/> Late Evening		

I Do you currently engage in regular physical activity? ☐ Yes ☐ NoJ How active do you consider yourself? ☐ Low (0-1x/week) ☐ Moderate (2-3x/week) ☐ High (more than 4x/week)

What are your primary interests?

<input type="checkbox"/> Family Activities	<input type="checkbox"/> Adult Sports Leagues	<input type="checkbox"/> Resident Camp	<input type="checkbox"/> Youth Aquatics	<input type="checkbox"/> Computer Lab	<input type="checkbox"/> Personal Training
<input type="checkbox"/> Teen Activities	<input type="checkbox"/> Adult Aquatics	<input type="checkbox"/> Day Camp	<input type="checkbox"/> Youth Sports	<input type="checkbox"/> Library	<input type="checkbox"/> Senior Wellness Classes
<input type="checkbox"/> Volunteering	<input type="checkbox"/> Adult Group Exercise	<input type="checkbox"/> Child Care	<input type="checkbox"/> Youth Programs	<input type="checkbox"/> Senior Aquatics	
<input type="checkbox"/> Other: _____					

K How would you characterize your stress level? ☐ Low ☐ Moderate ☐ HighL How would you describe your nutritional habits? ☐ Poor ☐ Fair ☐ Excellent

Specific Nutritional Goals (check all that apply):

M Specific Wellness Goals (check all that apply):

<input type="checkbox"/> Feel better overall	<input type="checkbox"/> Decrease pain	<input type="checkbox"/> Body fat/weight loss
<input type="checkbox"/> Improve cardiovascular fitness	<input type="checkbox"/> Reduce stress	<input type="checkbox"/> Improve nutrition habits
<input type="checkbox"/> Reshape or tone my body	<input type="checkbox"/> Injury rehab	<input type="checkbox"/> Expand general knowledge
<input type="checkbox"/> Improve sports performance	<input type="checkbox"/> Healthier lifestyle	<input type="checkbox"/> Control blood pressure
<input type="checkbox"/> Increase energy level	<input type="checkbox"/> Build more muscle	<input type="checkbox"/> Control cholesterol
<input type="checkbox"/> Prepare for special event	<input type="checkbox"/> Improve flexibility	<input type="checkbox"/> Improve existing health conditions

N Is there anything else you'd like to share regarding your goals?



YMCA of Greater Hartford

MEMBERSHIP PAYMENT AUTHORIZATION

O TERMS AND CONDITIONS

The YMCA of Greater Hartford reserves the right to revoke membership privileges of any person who abuses or misuses any of the equipment or facilities located on its premises or who engages in conduct which is abusive, illegal, disruptive or poses a threat to the safety of others.

P NOTICE TO ANNUAL PAY MEMBERS

It is understood that if I/we wish to terminate my/our annual membership, we must return all YMCA membership key tag(s) if issued. I/ we also realize the YMCA Board of Directors may periodically institute dues increases in which I/we will be notified about in my renewal letter before my expiration date. It is my/our complete understanding that if we wish to terminate, YMCA membership key tag(s) and a completed Membership Cancellation Form giving the YMCA 30 days written notice prior to my/our withdrawal date must be submitted in order to receive a refund of the unused portion of my/our membership fees. I, the undersigned, have read, understand and agree to the above.

Member Signature _____ Date _____

Staff Verification _____ Date _____

Q NOTICE TO MONTHLY DRAFT PAY MEMBERS

It is my/our complete understanding that if I/we wish to terminate or change my/our membership in any way, I/we must return our YMCA membership key tag(s) and complete a Membership Cancellation Form giving the YMCA 30 days written notice prior to my/our withdrawal date. I/we understand that paying under the monthly draft plan I/we am subject to dues increases periodically by the Board of Directors and may adjust the monthly rate applicable to my/our membership category. I/we will be notified 30 days in advance. I/we understand that my/our membership will be renewed on a continual basis unless notified by myself to terminate the membership. Should any pre-authorized check/charge for my/our monthly draft not be honored by my/our financial institution when received by them, then it is understood that the payment is to be made by me in the amount of said payment, and I realize that I am responsible for that payment plus a service charge (contact branch for current fees). This service charge does not include possible fees imposed by my financial institution. I/we understand that if two monthly drafts are rejected my membership will be cancelled. I, the undersigned, have read, understand and agree to the above.

Member Signature _____ Date _____

Staff Verification _____ Date _____

R ELECTRONIC FUNDS TRANSFER (EFT) OR CREDIT CARD AUTHORIZATION

I authorize the YMCA of Greater Hartford to debit my account as indicated below on a monthly basis. Should any preauthorized EFT or credit card payment not be honored by my financial institution, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by my financial institution, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

☐ I choose to utilize the EFT option for my monthly draft payment.

Financial Institution Name & Address _____

Name on Account _____ ☐ Checking Account ☐ Savings Account

Routing/Transit Number (9 digits) _____ Accounting Number (last four digits only) _____

I/we agree that the monthly amount debited will be \$ _____ and will draft on the ☐ 1st ☐ 15th (choose one) each month.

My/our first draft will begin on _____ (date).

Authorized Signature _____ Date _____

☐ I choose to utilize the credit card payment option for my monthly draft payment.

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Holder Name _____ Accounting Number XXXX-XXXX-XXXX _____ Exp. _____

I/we agree that the monthly amount debited will be \$ _____ and will draft on the ☐ 1st ☐ 15th (choose one) each month.

My/our first draft will begin on _____ (date).

Authorized Signature _____ Date _____

S YMCA of Greater Hartford Staff to Complete this Section

Member Account Number _____ Branch _____

Membership Type _____ Initial Amount Paid _____

☐ Key Tag Given ☐ Photo Taken ☐ Raptor Screen Financial Aid Level _____ Expiration _____

Date Entered _____ Member Services Rep. _____

Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

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 the YMCA of Greater Hartford (YMCA) Programs, now or at any time in the future.

Acknowledgment of Risk

I hereby acknowledge and agree that participation in any YMCA activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with any YMCA participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with YMCA participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death.**

Participating in YMCA programs or accessing YMCA facilities could increase the risk of contracting COVID-19. The YMCA in no way warrants that COVID-19 infection will not occur through participation in YMCA programs or accessing YMCA facilities.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation in YMCA programs, I,

_____, the undersigned participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the YMCA of Greater Hartford, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against YMCA of Greater Hartford on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of YMCA of Greater Hartford facilities/equipment or participation in YMCA of Greater Hartford programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of my participation in any YMCA program, I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my participation.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating and that by signing this agreement I HEREBY RELEASE Releasees from all liability for such loss, damage, or death.

I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation.

I further certify that I am therefore of lawful age and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

IN WITNESS WHEREOF, this instrument is duly executed this day ____ / ____ / ____ .
mm/dd/yyyy

Participant Signature

Participant Name (Print Clearly)

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

This Minor Waiver incorporates the same language from above for the Acknowledgment of Risk, COVID-19 Warning & Disclaimer, and Waiver, Release, Indemnification & Covenant Not to Sue

I, in my legal capacity as the parent/guardian of the minor(s) named below, do hereby acknowledge and agree that participation in YMCA activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with any YMCA participation. Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. The YMCA in no way warrants that COVID-19 infection will not occur through participation in YMCA programs or accessing YMCA facilities.

In consideration of the minor(s) named below participation in YMCA programs, I,

_____, agree to release and on behalf of myself and the minor named below, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE YMCA's employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of YMCA facilities/equipment or participation in YMCA Hartford programs

Printed Name

Date of Birth

Printed Name

Date of Birth

Printed Name

Date of Birth

Printed Name

Date of Birth

Printed Name

Date of Birth