



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 ☐ Rather Not Say ☐ Other _____

Race (optional): ☐ Asian/Pacific Islander ☐ African American/Black ☐ Alaskan Native ☐ Hispanic/Latino ☐ Native American ☐ Caucasian/White ☐ Other _____

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.

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 ☐ Rather Not Say ☐ Other _____

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?

☐ Family Activities ☐ Adult Sports Leagues ☐ Resident Camp ☐ Youth Aquatics ☐ Nutrition ☐ Personal Training

☐ Teen Activities ☐ Adult Aquatics ☐ Day Camp ☐ Youth Sports ☐ Youth Programs

☐ Senior Wellness ☐ Volunteering ☐ Adult Group Exercise ☐ Child Care ☐ Private Swim Lessons

☐ Senior Aquatics ☐ Senior Programs ☐ Other: _____

C Other family members:

Dependent: (First) _____ (MI) _____ (Last) _____ Birthdate: _____ Gender: _____

Race (optional): ☐ Asian/Pacific Islander ☐ African American/Black ☐ Alaskan Native ☐ Hispanic/Latino ☐ Native American ☐ Caucasian/White ☐ Other _____

Dependent: (First) _____ (MI) _____ (Last) _____ Birthdate: _____ Gender: _____

Race (optional): ☐ Asian/Pacific Islander ☐ African American/Black ☐ Alaskan Native ☐ Hispanic/Latino ☐ Native American ☐ Caucasian/White ☐ Other _____

Dependent: (First) _____ (MI) _____ (Last) _____ Birthdate: _____ Gender: _____

Race (optional): ☐ Asian/Pacific Islander ☐ African American/Black ☐ Alaskan Native ☐ Hispanic/Latino ☐ Native American ☐ Caucasian/White ☐ Other _____

Dependent: (First) _____ (MI) _____ (Last) _____ Birthdate: _____ Gender: _____

Race (optional): ☐ Asian/Pacific Islander ☐ African American/Black ☐ Alaskan Native ☐ Hispanic/Latino ☐ Native American ☐ Caucasian/White ☐ Other _____

Dependent: (First) _____ (MI) _____ (Last) _____ Birthdate: _____ Gender: _____

Race (optional): ☐ Asian/Pacific Islander ☐ African American/Black ☐ Alaskan Native ☐ Hispanic/Latino ☐ Native American ☐ Caucasian/White ☐ Other _____

Dependent: (First) _____ (MI) _____ (Last) _____ Birthdate: _____ Gender: _____

Race (optional): ☐ Asian/Pacific Islander ☐ African American/Black ☐ Alaskan Native ☐ Hispanic/Latino ☐ Native American ☐ Caucasian/White ☐ Other _____

For Other Family Members, 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"/> Nutrition | <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"/> Youth Programs | |
| <input type="checkbox"/> Senior Wellness | <input type="checkbox"/> Volunteering | <input type="checkbox"/> Adult Group Exercise | <input type="checkbox"/> Child Care | <input type="checkbox"/> Private Swim Lessons | |
| <input type="checkbox"/> Senior Aquatics | <input type="checkbox"/> Senior Programs | <input type="checkbox"/> Other: _____ | | | |

D How did you hear about the YMCA?

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

E Currently, what statement best describes you? (*check all that apply*)

- ☐ I am good at making everyday 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 everyday choices to be healthy and live well.
- ☐ I have developed a chronic condition that makes health and well-being a priority. Describe: _____

F Are you interested in having or being a member work-out partner? ☐ Yes (Time of day?_____) ☐ No

G Are you interested in joining other members as a part of a formal or informal group? ☐ Yes (Time of day?_____) ☐ No

H When will we see you?

- ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Weekend
- ☐ Early Morning ☐ Morning ☐ Late Morning ☐ Lunch ☐ Afternoon ☐ Evening ☐ Late Evening

I Do you currently engage in regular physical activity? ☐ Yes ☐ No

J How active do you consider yourself? ☐ Low (0-1x/week) ☐ Moderate (2-3x/week) ☐ High (more than 4x/week)

K How would you characterize your stress level? ☐ Low ☐ Moderate ☐ High

L How would you describe your nutritional habits? ☐ Poor ☐ Fair ☐ Excellent

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

- ☐ Feel better overall ☐ Decrease pain ☐ Improve nutrition habits ☐ Improve cardiovascular fitness ☐ Reduce stress ☐ Injury rehab
- ☐ Reshape/tone my body ☐ Expand general knowledge ☐ Control blood pressure ☐ Body fat/weight loss ☐ Build more muscle
- ☐ Improve existing health conditions ☐ Healthier lifestyle ☐ Control cholesterol ☐ Improve flexibility ☐ Improve sports performance

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

I/we 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 I/we can cancel our membership at any time. The cancellation process can be completed using the same method used to enroll. No additional fees will apply to cancellations. The administrative processing time for cancellations is 5 days. In order to receive a refund of the unused portion of my/our membership fees, membership cancellations will be accepted through email, in person or website by completing the Membership Cancellation Form. 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, 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) if issued. It is my/our complete understanding that I/we can cancel our membership at any time. The cancellation process can be completed using the same method used to enroll. No additional fees will apply to cancellations. Membership cancellations will be accepted through email, in person or website by completing the Membership Cancellation Form. The administrative processing time for cancellations is 5 days. 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.

R Member Signature _____ Date _____

Staff Verification _____ Date _____

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 of 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 of each month.

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

Authorized Signature _____ Date _____

S Use of Third Party Vendor for Payment and Collection

It is my/our complete understanding that YMCA of Greater Hartford uses a third-party vendor to collect payments from members and to collect unpaid amounts or fees, including but not limited to the resubmission of any returned checks or dishonored payments. I/we agree and consent to the YMCA of Greater Hartford providing the personal information in this membership application to the third-party vendor in connection with the payment of any amount due under this membership application or the collection of any unpaid amounts or fees, including collection fees.

Member Signature _____ Date _____

Staff Verification _____ Date _____

T 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 partnership 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

Initial

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 means 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,

Initial

_____, 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 the 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)

PHOTO/TALENT RELEASE →

I hereby irrevocably release, consent and allow the YMCA and its agents to use my photograph, likeness, voice, and any narrative account of my experience (which may include personal and identifiable information), as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement for its use.

**My initials here revoke
photo/talent release**

* * * * *

**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 above, my heirs, representatives, executors, administrator, and assigns, HEREBY DO RELEASE YMCA's employees, volunteers, agents, representatives and insurers ("Releasees") from any cause of action, claims, or demands, of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the names 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

Member ID _____