



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

## MEMBERSHIP APPLICATION

**Membership Category:**     Full Facility Member     Community Member

\_\_\_\_\_ Youth - Teen - Young Adult - Adult - Couple - Family - Single Adult Family  
Older Adult - Older Couple—Third Party: \_\_\_\_\_

### Primary Adult Member

First Name		MI	Last Name		Date
Gender	DOB	Marital Status		Race (Optional)	
Mailing Address			City	State	Zip
Home Phone	Cell Phone		E-mail		
Emergency Contact		Relationship		Home Phone	Cell Phone

### Additional Adult Member

First Name		MI	Last Name		Date
Gender	DOB	Marital Status		Race (Optional)	
Home Phone	Cell Phone		E-mail		

### Additional Household Member

First Name	MI	Last Name	DOB	Gender	Adult/Youth
First Name	MI	Last Name	DOB	Gender	Adult/Youth
First Name	MI	Last Name	DOB	Gender	Adult/Youth
First Name	MI	Last Name	DOB	Gender	Adult/Youth

### HOW DID YOU HEAR ABOUT THE YMCA?

Member   
  Friend   
  Ad   
  Internet   
  Live in Area   
  Direct Mail

### Payment Options & YMCA Authorizations

- I understand that I am authorizing the Naugatuck YMCA to implement a monthly automatic debit/bank withdrawal from my checking or savings account to pay my monthly YMCA membership dues.
- I authorize the YMCA to debit/charge the account or card identified in the payment method section below. I certify that the such account/card exists and I agree to maintain said account/card with sufficient funds to permit said debit/charge. I understand that this bank/credit card company account/card will be kept on file electronically for charges to my YMCA account.
- Terminations: I understand that I must submit written notice of cancellation to terminate said monthly automatic debit/bank withdrawal 5 business days prior to said change. The YMCA agrees and will terminate the said pre-authorized debit/charge within 48 hours of receipt of termination.
- Account Changes/Medical Holds: I agree to notify the Naugatuck YMCA of any account changes. I understand all account changes/holds must be made at least 5 business days prior to the next pre-authorized debit/withdrawal or charge.

## Payment Method/Authorization Agreement

Draft Date: \_\_\_ 3rd or \_\_\_ 17th

Debit/Withdrawal from Checking/Savings Account

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_  
\_\_\_\_\_

Please show proof of Account and Routing number

Charge Debit or Credit Card

Visa  MasterCard  American Exp.  Discover

Name on Card: \_\_\_\_\_

Billing Address of Card Holder: \_\_\_\_\_  
\_\_\_\_\_

- Naugatuck YMCA monthly membership is a continuous plan which automatically renews monthly
- Naugatuck YMCA, at their discretion, may adjust the monthly rate of membership. I will receive at a minimum of 5 business days' notice prior to any membership change.
- Should any YMCA account debit or charge not be honored by my bank or credit company for any reason, I am still responsible for that payment and incur a \$30 service charge for the non honored charge.
- Naugatuck YMCA reserves the right to terminate my membership for non-payment of membership charges

## Signature

I have read and agree to the above terms and duration of this agreement:

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

## Liability & Membership Waiver

Use of the YMCA facilities and participation in sports or other physically demanding activities inherently exposes the participant to a certain degree of risk of personal injury, illness, and other adverse medical consequences. The YMCA is not an insurer of a member's life or personal safety. No member will engage in activities which require a level of physical fitness exceeding the member's physical condition or abilities, as determined by the member. Every member assumes the risk of personal injury, illness, or other conditions arising out of or related to the member's activities on YMCA premises and releases the YMCA, its Directors Officers, Agents, and Employees from all claims, actions, or liability on account of such causes. Members and /or services of the Naugatuck YMCA for any form of compensation.

I am an adult over 18 years old of age and wish to participate in Naugatuck YMCA membership/program activities. IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, 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 inspected and carefully considered such premises and facilities or the affiliated program. In addition, I give my children permission to participate in Naugatuck YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing me to participate in YMCA activities, I understand and expressly acknowledge that I, for myself, or anyone entitled to act on my behalf, waive and release the YMCA, sponsors, representatives, and successors from all claims or liabilities of any kind arising out of my participation in activities at or sponsored by the YMCA. I further agree to indemnify and save harmless the YMCA, its staff director's members and guests. I have read, understand, and am voluntarily signing this authorization and release.

I understand that the Naugatuck YMCA is not responsible for personal property lost, damaged or stolen while members and /or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs. I give my permission to the Naugatuck YMCA to use limitation and obligation, photographs, film footage, or tape recordings which may include my image or voice for the purpose of promotion or interpreting YMCA programs.

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. The YMCA conducts regular sex offender screening on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

## Signature

I have read and agree to the Liability & Membership Waiver and certify that all information provided in this application is accurate and complete

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

COMPLETED BY YMCA STAFF		Staff Initials:
Member ID:	MFA: Yes or No	MFA level: