



# Stamford Family YMCA 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:

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

**B.** How did you hear about the YMCA?

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

**C.** 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.

**D.** Are you interested in having or being a member work-out partner?

Yes

No

**E.** Are you interested in joining other members as a part of a formal or informal group?

Yes

No

**F.** When will we see you?

Monday  Tuesday  
 Wednesday  Thursday  
 Friday  Weekend

What time of day?

Early Morning  Morning  Late Morning  
 Lunch  Afternoon  Evening  
 Late Evening

**G.** Do you currently engage in regular physical activity?

Yes

No

**H.** How active do you consider yourself?

Moderate (2-3x/week)   
 High Low (0-1x/week)   
 (more than 4x/week)

**I.** What are your primary interests?

Family Activities  Adult Sports Leagues  LEAD Academy  Youth Aquatics  Summer Camp  Personal Training  
 Teen Activities  Adult Aquatics  LEAD MS  Youth Sports  Vacation Camp  Senior Wellness Classes  
 Volunteering  Adult Group Exercise  LEAD HS  Youth Programs  Senior Aquatics  Other:

**J.** How would you characterize your stress level?

Low

Moderate

High

**K.** How would you describe your nutritional habits?

Poor

Fair

Excellent

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

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

Specific Nutritional Goals (check all that apply):

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

**M.** Is there anything else you'd like to share regarding your goals?

**N.** Tell us about your family (family memberships only):

Second Adult:

Birthdate: \_\_\_\_\_ (first) \_\_\_\_\_ (MI) \_\_\_\_\_ (last) 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?

Family Activities  Adult Sports Leagues  LEAD Academy  Youth Aquatics  Summer Camp  Personal Training  
 Teen Activities  Adult Aquatics  LEAD MS  Youth Sports  Vacation Camp  Senior Wellness Classes  
 Volunteering  Adult Group Exercise  LEAD HS  Youth Programs  Senior Aquatics  Other:

Other family members:

Dependent: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M  F   
(first) (MI) (last)

Race (optional):

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

Dependent: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M  F   
(first) (MI) (last)

Race (optional):

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

Dependent: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M  F   
(first) (MI) (last)

Race (optional):

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

Dependent: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M  F   
(first) (MI) (last)

Race (optional):

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

Dependent: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M  F   
(first) (MI) (last)

Race (optional):

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

Dependent: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M  F   
(first) (MI) (last)

Race (optional):

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

What are their primary interests?

Family Activities  Adult Sports Leagues  LEAD Academy  Youth Aquatics  Summer Camp  Personal Training  
 Teen Activities  Adult Aquatics  LEAD MS  Youth Sports  Vacation Camp  Senior Wellness Classes



# Stamford Family YMCA Membership Payment Authorization

## A. TERMS AND CONDITIONS

The Stamford Family YMCA 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.

## B. 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 \_\_\_\_\_

## C. 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 \_\_\_\_\_

## D. ELECTRONIC FUNDS TRANSFER (EFT) OR CREDIT CARD AUTHORIZATION

I authorize the Stamford Family YMCA 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) \_\_\_\_\_ Account 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 \_\_\_\_\_ Account Number XXXX-XXXX-XXXX- \_\_\_\_\_ Expiration \_\_\_\_\_

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 \_\_\_\_\_

## E. Stamford Family YMCA Staff to Complete this Section

Member Account Number \_\_\_\_\_ Branch \_\_\_\_\_

Membership Type \_\_\_\_\_ Initial Amount Paid \$ \_\_\_\_\_

Key Tag Given  Photo Taken  Raptor Screened Financial Aid Level \_\_\_\_\_ Expiration \_\_\_\_\_

Date Entered \_\_\_\_\_ Member Services Rep. \_\_\_\_\_



**Stamford Family YMCA  
RELEASE and WAIVER OF LIABILITY and INDEMNITY  
And PHOTO/TALENT RELEASE AGREEMENT**

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, or on behalf of a minor child under age 18, and for any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, inspected and carefully considered, or will immediately upon entering and/or participating, inspect and carefully consider, such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA constitutes an acknowledgement that that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

"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 screenings 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.***

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 OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, **THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING ON HIS OR HER BEHALF AND/OR BEHALF OF HIS/HER CHILDREN OR GUESTS** (herein referred to as "the undersigned"):

1. **MEMBER CONDUCT** I agree to abide by all rules and regulations of the Stamford Family YMCA (hereafter "YMCA"), and I understand that failure to act in accordance with the rules may result in expulsion from the YMCA and cancellation of membership.
2. **INSURANCE** I understand that the YMCA does not provide any accident or health insurance for its members or participants and it is my responsibility to provide such coverage.
3. **PROPERTY LOSS** I understand that the YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities or participating in YMCA programs.
4. **ASSUME FULL RESPONSIBILITY** I hereby assume 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.
5. **PHOTO/TALENT RELEASE** I hereby irrevocably release, consent and allow the YMCA and its agents to use my photograph, likeness, voice, 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     ).
6. **RELEASEE, WAIVE, DISCHARGES** I hereby release, waive, discharge and covenant not to sue the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or loss of property 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.
7. **INDEMNIFY AND SAVE AND HOLD HARMLESS** I hereby agree to indemnify and save and hold harmless the releases 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.
8. **MEDICAL RELEASE** I authorize the YMCA, as my agent, to give consent to medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician, and I am unable to give such consent. I authorize a qualified YMCA staff member to administer CPR or first aid if necessary. I understand that it may be necessary for me to provide a release form from my physician regarding my current health status.

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

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

I HAVE READ THIS RELEASE.

Date: \_\_\_\_\_ Printed Name of Participant \_\_\_\_\_

Signature of Participant or Parent/Guardian \_\_\_\_\_