



## THE STAMFORD FAMILY YMCA MEMBERSHIP INFORMATION

<b>MEMBERSHIP CATERGORY</b>			
<input type="checkbox"/> YOUNG ADULT (18-25) <input type="checkbox"/> ADULT (26-61) <input type="checkbox"/> SENIOR (62+) <input type="checkbox"/> FAMILY <input type="checkbox"/> SENIOR FAMILY <input type="checkbox"/> COLLEGE <input type="checkbox"/> YOUTH (0-18) <input type="checkbox"/> PROGRAM			
<b>PRIMARY CUSTOMER (MUST BE 18+ YEARS):</b>			
FIRST NAME	LAST NAME	GENDER	
		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
STREET ADDRESS	CITY/STATE/ZIP	DATE OF BIRTH	
HOME PHONE	CELL PHONE	EMAIL	
EMPLOYER	EMPLOYER ADDRESS	EMPLOYER PHONE NUMBER	
<b>RACE OPTIONAL</b>			
<input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> AFRICAN AMERICAN/BLACK <input type="checkbox"/> ALASKIN NATIVE <input type="checkbox"/> HISPANIC/LATION <input type="checkbox"/> CAUCASIAN/WHITE <input type="checkbox"/> OTHER			
<b>HOUSEHOLD INCOME</b>			
<input type="checkbox"/> UNDER \$12,000 <input type="checkbox"/> \$12,0001-\$19,999 <input type="checkbox"/> \$20,000-\$23,999 <input type="checkbox"/> \$24,000-\$27,999 <input type="checkbox"/> \$28,000-\$31,999 <input type="checkbox"/> \$32,000-\$35,999 <input type="checkbox"/> \$36,000-\$39,999 <input type="checkbox"/> \$40,000-\$58,999 <input type="checkbox"/> \$59,000-\$69,999 <input type="checkbox"/> \$70,000-79,999 <input type="checkbox"/> \$80,000-\$89,999 <input type="checkbox"/> \$90,000-\$99,000 <input type="checkbox"/> \$100,000+			
<b>HOW DID YOU HEAR ABOUT OUR YMCA</b>			
<input type="checkbox"/> WALK BY <input type="checkbox"/> WEBSITE <input type="checkbox"/> MEMBER REFFERAL <input type="checkbox"/> FORMER MEMBER <input type="checkbox"/> PLACE OF EMPLOYMENT <input type="checkbox"/> OTHER _____			
<b>SECONDARY ADULT</b>			
FIRST	LAST	GENDER	DATE OF BIRTH
		M <input type="checkbox"/> F <input type="checkbox"/>	
EMPLOYER	EMPLOYER ADDRESS	EMPLOYER PHONE NUMBER	
<b>DEPENDANTS</b>			
1.		M <input type="checkbox"/> F <input type="checkbox"/>	
2.		M <input type="checkbox"/> F <input type="checkbox"/>	
3.		M <input type="checkbox"/> F <input type="checkbox"/>	
4.		M <input type="checkbox"/> F <input type="checkbox"/>	
<b>EMERGENCY CONTACT INFORMATION</b>			
NAME	PHONE NUMBER	RELATIONSHIP	

### MEMBERSHIP CODE OF CONDUCT

The Stamford Family YMCA is a non-profit organization and reserves the right to deny membership on a non-discriminatory basis when deemed appropriate. Membership is a privilege which may be suspended or revoked by management for abusive behavior, profanity, noncompliance with rules, failure to comply with staff, or other behavior deemed unacceptable and inappropriate.

Members are required to carry their ID card(s) and scan them each and every time as they come into the building.

Members must have their picture taken and linked to their membership account.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_ Staff Verification \_\_\_\_\_ Date \_\_\_\_\_



# THE STAMFORD FAMILY YMCA

## RELEASE AND WAIVER OF LIABILITY AND INDEMNITY and PHOTO/TALENT RELEASE AGREEMENT

In consideration for 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 program affiliated with the YMCA, without respect to location, 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 will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

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 PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, 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** The undersigned agrees 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. **PROPERTY LOSS** The undersigned understands that the YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities or participating in YMCA programs.
3. **PHOTO/TALENT RELEASE** The undersigned irrevocably releases, 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 \_\_\_\_\_).
4. **INSURANCE** The undersigned understands 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.
5. **MEDICAL RELEASE** The undersigned authorizes 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.
6. **THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE** the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, his or hers, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise 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, without respect to location.
7. **THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the releasees and each of them 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 whether caused by the negligence of the releasees or otherwise.
8. **THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE** due to negligence of releasees or otherwise 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.

**THE UNDERSIGNED further expressly agrees that the forgoing 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 AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.**

I HAVE READ THIS RELEASE

I HAVE READ THIS RELEASE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
date

\_\_\_\_\_  
participant's signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
date

\_\_\_\_\_  
parent's or guardian's signature  
(if participant is legally a minor)



# STAMFORD FAMILY YMCA CREDIT CARD/BANK DRAFT/EFT AUTHORIZATION AGREEMENT

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Member #: \_\_\_\_\_

**PLEASE CAREFULLY READ ALL INFORMATION BELOW AND INITIAL EACH AS INDICATED.**

I hereby authorize the YMCA to initiate debits to the bank/credit cards listed on this form. \_\_\_\_\_  
INITIAL

I agree to notify the Y about any credit cards reported stolen, expiration date changes and address changes. I also agree to notify the Y 10 days prior to the month of the draft to allow for processing time. \_\_\_\_\_  
INITIAL

I understand that I must give 30 days notice to stop my bank/credit card draft. I understand that a membership may be terminated at any time. This must be done in person by signing the cancellation form. \_\_\_\_\_  
INITIAL

NOTE: THE Y WILL NOT ACCEPT A TELEPHONE OR FAX CANCELLATION AT ANY BRANCH. \_\_\_\_\_  
INITIAL

If your EFT or credit card is declined for non-sufficient funds (NSF), the payment may be collected electronically (by a third party) and a NSF fee of up to \$35 per incident may be applied. \_\_\_\_\_  
INITIAL

Changes to your checking or savings account will require 30 days to authorize the account to change future withdrawals. \_\_\_\_\_  
INITIAL

I understand that Y memberships are continuous and rates may increase annually on January 1<sup>st</sup>. \_\_\_\_\_  
INITIAL

I understand that any discount applied to my membership is only good for two years and that I must re-apply to renew the discount at least 30 days prior to loss of eligibility. \_\_\_\_\_  
INITIAL

The Y processes monthly Membership payments on the 1st and/or 15th of every month (or next business day). If we cannot process your draft we will resubmit for payment. \_\_\_\_\_  
INITIAL

The Y reserves the right to cancel/terminate any membership/program if a payment cannot be collected. \_\_\_\_\_  
INITIAL

The Y processes Program Fee payments by varying program dates and can be processed at any regularly scheduled interval. If we are unable to draft your Program Fee payments for any reason, we will automatically redraft on our next scheduled draft date. Please ask for a specific Program schedule when registering for a Program Automatic Draft. \_\_\_\_\_  
INITIAL

Please Check One:  Checking  Savings Withdrawal Date  1<sup>st</sup> or  15<sup>th</sup>

Routing Number (9 digits)

Bank Account Number

Bank Account Number: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name on Account (Please Print) \_\_\_\_\_

Account Holder's Signature

CREDIT CARD OPTION Please Check One:  VISA  M/C  AMEX  DISCOVER Withdrawal Date  1<sup>st</sup> or  15<sup>th</sup>

Credit Card Number (Last 4 Digit Only) \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

(Name on Card) \_\_\_\_\_ (Bank Name) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**For Office Use Only:** Withdrawal Date  1<sup>st</sup> or  15<sup>th</sup>  
New  Change  Staff Initials \_\_\_\_\_