



THE STAMFORD FAMILY YMCA MEMBERSHIP INFORMATION

MEMBERSHIP TYPE			
<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			
PRIMARY CUSTOMER (MUST BE 18+ YEARS):			
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	
RACE OPTIONAL			
<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			
HOUSEHOLD INCOME			
<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+			
HOW DID YOU HEAR ABOUT OUR YMCA			
<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 _____			
SECONDARY ADULT			
FIRST		LAST	
		GENDER	
		M <input type="checkbox"/> F <input type="checkbox"/>	
		DATE OF BIRTH	
EMPLOYER		EMPLOYER ADDRESS	
		EMPLOYER PHONE NUMBER	
DEPENDANTS			
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"/>	
EMERGENCY CONTACT INFORMATION			
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 _____



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 1st. _____
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 1st or 15th

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 1st or 15th

Credit Card Number (Last 4 Digit Only) _____ Expiration Date: ____/____

Address _____ Zip _____

(Name on Card) _____ (Bank Name) _____ Date ____/____/____

For Office Use Only: Withdrawal Date 1st or 15th
New Change Staff Initials _____



THE STAMFORD FAMILY YMCA

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

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING the Stamford Family YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

I acknowledge and agree that any use of the Stamford Family YMCA facilities, services, equipment and premises ("Facilities") and any participation in The Stamford Family YMCA programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of facilities, services and participation in programs I, the undersigned, agree that the Stamford Family YMCA, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

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.

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

____/____/____
date

participant's signature

participant's name printed clearly

I HAVE READ THIS RELEASE

____/____/____
date

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