



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF SOUTHERN MAINE MEMBERSHIP

The YMCA of Southern Maine is committed to building strong kids, individuals, families and communities through programs and services that promote a healthy spirit, mind, and body for all, regardless of ability to pay.

Will you be applying for our financial assistance program for your membership? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Adult (All memberships, including youth)	First Name: _____ MI: _____ Last Name: _____		
	Gender: <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth: ____/____/____ Marital Status (optional): <input type="checkbox"/> Sing <input type="checkbox"/> Mar <input type="checkbox"/> Div <input type="checkbox"/> Sep		
	E-Mail: _____ Employer: _____		
	Race (optional): <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Other		
	Home Address: _____		
	City: _____ State: _____ Zip: _____		
	Home Phone: _____ Cell/Other Phone: _____		
	Business Address: _____ City: _____ State: _____ Zip: _____		
	Business Phone: _____ Business Fax: _____		
	Emergency Contact: _____		
Emergency Phone: _____ Relation to Contact: _____			
Areas of Interest	How did you hear about the YMCA? <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Poster/Flier <input type="checkbox"/> Drive by/Live in area <input type="checkbox"/> Mailing <input type="checkbox"/> E-Mail <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Newspaper <input type="checkbox"/> Magazine <input type="checkbox"/> Member <input type="checkbox"/> Friend/Family <input type="checkbox"/> School		
	Youth Development <input type="checkbox"/> Child Care <input type="checkbox"/> Education & Leadership <input type="checkbox"/> Swim, Sports & Play <input type="checkbox"/> Summer Camp	Healthy Living <input type="checkbox"/> Family Time <input type="checkbox"/> Health, Well-Being & Fitness <input type="checkbox"/> Group Interests <input type="checkbox"/> Sports & Recreation	Social Responsibility <input type="checkbox"/> Social Services <input type="checkbox"/> Volunteerism <input type="checkbox"/> Giving <input type="checkbox"/> Other _____
	Would you be interested in volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Contributions Would you consider making a contribution to the YMCA's Annual Support Campaign? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Household Income <input type="checkbox"/> \$0-13,999 <input type="checkbox"/> \$14,000-24,999 <input type="checkbox"/> \$25,000-39,999 <input type="checkbox"/> \$40,000-54,999 <input type="checkbox"/> \$55,000-74,999 <input type="checkbox"/> \$75,000+		
Second Adult Member or Youth Only Member	First Name: _____ MI: _____ Last Name: _____		
	Gender: <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth: ____/____/____ Marital Status (optional): <input type="checkbox"/> Sing <input type="checkbox"/> Mar <input type="checkbox"/> Div <input type="checkbox"/> Sep		
	E-Mail: _____ Employer: _____		
	Race (optional): <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Other		
	Home Address: _____		
	City: _____ State: _____ Zip: _____		
	Home Phone: _____ Cell/Other Phone: _____		
	Business Address: _____ City: _____ State: _____ Zip: _____		
	Business Phone: _____ Business Fax: _____		
	Emergency Contact: _____		
Emergency Phone: _____ Relation to Contact: _____			

Dependents (Family Members)	First Name	M.I.	Last Name (if different)	Gender (M/F)	Date of Birth (mm/dd/yy)
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

CONSENT & MEMBERSHIP AGREEMENT

In signing this consent statement, I agree to use the equipment properly and waive liability against the YMCA of Southern Maine and/or its staff and directors. In the event of a medical emergency, I authorize a representative of the YMCA of Southern Maine to seek medical attention on my family's behalf. I give my permission for any photograph and other media materials for myself and/or my children to be used for promotional use by the YMCA of Southern Maine. ***If you have been convicted of a crime against children, or sexual assault, you are NOT eligible for membership at our YMCA. The YMCA of Southern Maine conducts regular screenings for matches in the federal sex offender registry.**

I also agree to abide by the following statements:

1. The membership card that I will receive upon initiating my membership is my official YMCA membership card. No privileges will be granted without presenting this card.
2. My membership card is non-transferable. Loan of this card subjects the owner to loss of privileges.
3. I will abide by all YMCA policies and program schedules.
4. I know of no reason why I cannot safely participate in YMCA programs and I will not engage in any activity that may be harmful to myself or others.
5. I will not utilize a personal trainer that is not a YMCA staff member, and providing his/her personal training services through the YMCA. This applies to all areas of YMCA programming, including, but not limited to fitness, aquatics, squash, racquetball, etc.
6. The YMCA is committed to providing an inclusive environment, regardless of need, and will do everything in its power to make this possible. However, there may be needs which our staff are not trained to handle. In such an instance, the family or supporting agency will be asked to find and provide an aide for the member. Youth that require a one-on-one aide in school must be provided one at the YMCA via family effort. One-on-one aides must accompany the member at all times. The aide does not need a YMCA membership, but must check-in at the membership desk and obtain a "Care Giver" Card.
7. I agree to abide by the YMCA of Southern Maine's Member and Guest Code of Conduct. (A copy of the Code of Conduct is available upon request at the membership desk.)

Signature: _____
 (A parent or guardian must sign if applicant is under 18 years of age)

Date: _____

FOR OFFICE USE – TO BE COMPLETED IN FULL BY STAFF

<p>BRANCH</p> <input type="checkbox"/> Portland <input type="checkbox"/> Casco Bay <input type="checkbox"/> Pineland <input type="checkbox"/> Northern York County <p>TYPE</p> <input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> Family <input type="checkbox"/> Single Adult with Family <input type="checkbox"/> Youth Program Member <input type="checkbox"/> Long-term guest (2 wk/1 mo) <input type="checkbox"/> Program Participant <p>LENGTH</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____ <p>FINANCIAL ASSISTANCE <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>UNIT ID # _____</p>	<p>PAYMENT</p> <p>Membership Fee \$ _____ Joiner's Fee \$ _____ Locker \$ _____ Towel \$ _____ Other \$ _____ Total Due \$ _____ Total Paid \$ _____ Balance Due \$ _____ Balance Due By \$ _____</p> <p>PAYMENT TYPE</p> <input type="checkbox"/> Cash <input type="checkbox"/> Debit/Credit Card <input type="checkbox"/> Check Check # _____	<p>DRAFT INFORMATION</p> <p>1st Draft Date _____/_____/_____ Draft Amt. \$ _____</p> <p>OTHER INFORMATION</p> <p>Join Date _____/_____/_____ End Date _____/_____/_____ Locker # _____ Locker Combo _____ Locker End Date _____/_____/_____ Towel End Date _____/_____/_____ Staff Initials _____ Receiving Staff Initials _____ Attached draft form? (Y/N) _____</p>
Place Barcode Sticker Here	Place Barcode Sticker Here	



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PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

Consent. With respect to my child/children named below I hereby give my consent for the National Council of Young Men’s Christian Associations of the United States of America (YMCA of the USA), and/or the YMCA of Southern Maine (YMCA), YMCA of the USA, YMCA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast:

- video film or footage
- sound track recordings
- photo reproductions
- any narrative account of their experience

My consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions.

I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my child/children’s will not be used to endorse any particular commercial products or commercial services.

Should I wish to revoke this consent at any point in the future, I may do so, but I understand that images may already have been released to the public if such a revocation occurs after publication.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All uses shall belong to YMCA of the USA and YMCA and either may share them with others;
- There is no obligation of confidentiality
- YMCA of the USA, YMCA, and collaborating third parties will not be liable for any use or disclosure to a third party
- YMCA of the USA and YMCA shall exclusively own all known or later existing rights to the uses worldwide.
- YMCA of the USA and YMCA can use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose and without compensation to me.

Release from Liability. I hereby release and discharge YMCA of the USA, YMCA and their related parties from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, the use, or the shared use of the above materials.

Name(s) of child/children: 1. _____ 2. _____
 (if applicable) 3. _____ 4. _____
 5. _____ 6. _____

Signature: _____ Date: _____
 Printed Name: _____
 Address: _____

I do not give consent. Signature: _____ Date: _____