



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.

PRIMARY ADULT (For all memberships, including youth)	Will you be applying for our financial assistance program for your membership? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	First Name: _____ MI: _____ Last Name: _____				
	Home Address: _____				
	City: _____ State: _____ Zip: _____				
	Best Phone: _____ Second Best Phone: _____				
	Email: _____				
	Date of Birth: ____/____/____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____				
	Race (Optional): <input type="checkbox"/> Native American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other				
	Emergency Contact: _____ Emergency Phone: _____				
	Employer: _____				
How did you hear about us? <input type="checkbox"/> Friend/Family <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Social Media <input type="checkbox"/> Online <input type="checkbox"/> School <input type="checkbox"/> Employer <input type="checkbox"/> Drove by					
I understand that I will receive periodic e-mails from the Y to keep me up to date, and that I can opt out at any time. <input type="checkbox"/> No thank you					
What Y Programs would you like to learn more about?					
<input type="checkbox"/> Aquatics (Pool) <input type="checkbox"/> Family Activities <input type="checkbox"/> Before & After School Programs <input type="checkbox"/> Personal Support (Training/Adaptive Services) <input type="checkbox"/> Summer Camp <input type="checkbox"/> Prime Time—The Y's "While You're Here" Child Care <input type="checkbox"/> Cardio & Strength Center <input type="checkbox"/> Swim Lessons (Adult or Youth?) <input type="checkbox"/> Child Care <input type="checkbox"/> Volunteering <input type="checkbox"/> Exercise Classes/Sports <input type="checkbox"/> Youth Activities/Sports (Specific classes? _____) <input type="checkbox"/> Other: _____					
Are you interested in volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No In what capacity? _____					
Household Income (Optional): <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+					
The YMCA of Southern Maine is a charity and firmly believes in serving all people. Therefore, this information is important so we can better understand the breadth of diversity of those we serve. Having this information also assists in funding opportunities which allows us to serve more people.					
SECOND ADULT MEMBER OR YOUTH ONLY MEMBER	First Name: _____ MI: _____ Last Name: _____				
	Date of Birth: ____/____/____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____				
	Race (Optional): <input type="checkbox"/> Native American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other				
	Cell/Other Phone: _____ Email: _____				
	Employer: _____ Emergency Contact: _____				
Emergency Phone: _____ Relation to Contact: _____					
HOUSEHOLD MEMBERS	First Name:	MI:	Last Name (if different):	Gender:	Date of Birth:
	_____	_____	_____	_____	____/____/____
	_____	_____	_____	_____	____/____/____
	_____	_____	_____	_____	____/____/____
	_____	_____	_____	_____	____/____/____

HELP YOUR NEIGHBORS

The YMCA of Southern Maine is a charitable nonprofit organization providing millions in financial assistance and program support to the local community each year, so that everyone can learn, grown, and thrive. As a charity, we rely on the generosity of donors to continue our work. Please consider "rounding up" your monthly membership dues in support of our community.

- I would like to make a *monthly* donation to be withdrawn with my membership dues:
\$1 \$5 \$10 \$20 Other amount: \$_____
- I would like to make a *one-time* donation:
\$1 \$5 \$10 \$20 Other amount: \$_____
- No, thank you.

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.
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.
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.)
8. 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.

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

FOR OFFICE USE - STAFF TO COMPLETE

TOUR DATE: ____/____/____ GUIDE: _____ WELCOME EMAIL: Date sent: ____/____/____

SMART START: Did member sign up for Smart Start? (must be offered) Yes No

PHOTOS: Photos taken? Yes No Photo release signed? Yes No Photo release attached? Yes No

BRANCH

- Portland Casco Bay
 Pineland Northern York County

TYPE

- Youth Adult Family
 Single Adult Family
 Youth Program Member
 Long-term guest (2 wk/1 mo)
 Program Participant

UNIT ID #: _____

PAYMENT

Membership Fee \$ _____
 Joiner's Fee \$ _____
 Towel \$ _____
 Other \$ _____
 Total Paid \$ _____
 Balance Due \$ _____

PAYMENT TYPE

- Cash Debit/Credit Card
 Check Check # _____

FINANCIAL ASSISTANCE Yes No

DRAFT INFORMATION

1st Draft Date: ____/____/____
 Mem Draft Amt \$ _____
 Draft Form Attached? Yes No

OTHER INFORMATION

Join Date: ____/____/____
 End Date: ____/____/____
 Locker # _____
 Locker Combo: _____
 Locker End Date: ____/____/____
 Towel End Date: ____/____/____
 Staff Initials: _____



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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: _____