



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF SOUTHERN MAINE MEMBERSHIP APPLICATION

Building an inclusive, healthy community for all, regardless of ability to pay.

PRIMARY ADULT (for youth memberships under 18, please use parent/guardian information here)

Prefix: _____ First Name: _____ MI: _____ Last Name: _____ Suffix (Jr, Sr, etc.): _____

Preferred name/nickname: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Email: _____

Date of Birth (mm/dd/yyyy): ____/____/____ Gender: Male Female Other _____

Preferred Pronouns: _____

Race / Ethnicity: Asian/Pacific Islander Black or African American Alaskan Native Hispanic Native American
 White Other: _____

Emergency Contact (First & Last Name): _____ Phone: _____

Will you be applying for YMCA Financial Assistance? Yes No

DRAFT AGREEMENT

All drafts will be deducted on the 1st of each month.

CREDIT/DEBIT CARD DRAFT

I have given authority to the YMCA of Southern Maine, 70 Forest Ave, Portland, ME 04101 to debit my MC/VISA/AMEX/Discover account. When MC/VISA/AMEX/Discover honors the debit by charging my account, such debit shall constitute my receipt for payment. Should any preauthorized debit not be honored by MC/VISA/AMEX/Discover when received by them, I will remain liable for such payment. If for any reason the draft does not go through, a notice will be sent and payment is expected within 30 days; failure to do so will result in termination of the membership.

Member's Initials: _____

CHECKING ACCOUNT DRAFT

I have given authority to my bank to honor preauthorized drafts by you on my account for membership payments as indicated here. It is understood that your sending of a preauthorized draft to the bank as payment becomes due shall constitute valid notice of such payment due on this membership. When the bank honors the draft by charging my account, such draft shall constitute my receipt for the payment. Should any preauthorized draft not be honored by said bank when received by them, I will remain liable for such payment and shall immediately pay to you such amount. Failure to do so within 30 days will result in termination of the membership.

Member's Initials: _____

Additional household members?

Please use our Household Member Form.

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DRAFT AGREEMENT (CONTINUED)

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TERMS AND CONDITIONS

1. I understand that this is a continuous, non-contractual membership plan and that funds will be deducted/charged monthly until I choose to cancel. I also understand that my monthly payment is for time starting immediately on my draft due date and ending the day before the next draft.
2. I understand that if I wish to terminate my membership I must notify the YMCA prior to the end of the month.
3. The YMCA may adjust the monthly rate applicable to my membership category. I understand that I will receive at least 30 days notice via primary email on file prior to any such change in my membership fees.
4. Should any membership deduction/charge not be honored by my bank for any reason, I accept that I am still responsible for the monthly payment. I understand that it is my responsibility to notify the YMCA in writing prior to the next draft should I change my financial institution and/or account at any time.

Signature: _____ Date: _____

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. ***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 or coach that is not a YMCA staff member, and providing their personal training or coaching 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.
7. I agree to abide by the YMCA of Southern Maine's Member and Code of Conduct. (A copy of the Code of Conduct is available upon request at the membership desk.)
8. I acknowledge that the YMCA of Southern Maine is working to become an anti-racist organization and that I play an important role in this. Discrimination of any kind will not be tolerated.
9. By joining, consent is given to the YMCA and their designated partners to make, edit and use photo, video, sound, or personal narratives for publication, display, sale or exhibition in promotions, advertising, education and legitimate business with no compensation. This YMCA shall exclusively own all rights to uses worldwide and are released and discharged from any claims, actions, lawsuits or demands

Signature: _____ Date: _____

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

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HOUSEHOLD MEMBERS

First Name: _____ MI: _____

Last Name: _____

Gender: _____ Date of Birth: ____/____/____

Phone Number: _____

Email (members 16 yrs & older): _____

Race / Ethnicity: Asian/Pacific Islander Native American

Alaskan Native Hispanic Black or African American

White Other: _____

First Name: _____ MI: _____

Last Name: _____

Gender: _____ Date of Birth: ____/____/____

Phone Number: _____

Email (members 16 yrs & older): _____

Race / Ethnicity: Asian/Pacific Islander Native American

Alaskan Native Hispanic Black or African American

White Other: _____

First Name: _____ MI: _____

Last Name: _____

Gender: _____ Date of Birth: ____/____/____

Phone Number: _____

Email (members 16 yrs & older): _____

Race / Ethnicity: Asian/Pacific Islander Native American

Alaskan Native Hispanic Black or African American

White Other: _____

First Name: _____ MI: _____

Last Name: _____

Gender: _____ Date of Birth: ____/____/____

Phone Number: _____

Email (members 16 yrs & older): _____

Race / Ethnicity: Asian/Pacific Islander Native American

Alaskan Native Hispanic Black or African American

White Other: _____

First Name: _____ MI: _____

Last Name: _____

Gender: _____ Date of Birth: ____/____/____

Phone Number: _____

Email (members 16 yrs & older): _____

Race / Ethnicity: Asian/Pacific Islander Native American

Alaskan Native Hispanic Black or African American

White Other: _____

First Name: _____ MI: _____

Last Name: _____

Gender: _____ Date of Birth: ____/____/____

Phone Number: _____

Email (members 16 yrs & older): _____

Race / Ethnicity: Asian/Pacific Islander Native American

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