

Date: _____

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

Will you be applying for our **Open Doors** financial assistance program for your membership? Yes No

PRIMARY ADULT (All memberships, including youth)

First Name: _____ **MI.:** _____ **Last Name:** _____

Gender: M F **Date of Birth:** ____/____/____ **Marital Status (optional):** Sing Mar Div Sep

Race (optional): American Indian Alaskan Native African American/Black Asian/Pacific Islander Caucasian Hispanic Other

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell/Other Phone:** _____

E-Mail: _____ **Employer (optional):** _____

Business Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Business Fax: _____ **Business Phone:** _____

Emergency Contact: _____

Emergency Phone: _____ **Relation to contact:** _____

Would you like to receive monthly e-mail updates (upcoming events, programs and schedules)? Y N

AREAS OF INTEREST

How did you hear about the YMCA? Radio TV Poster/Flier Drive by/Live in area Mailing
 E-mail Yellow Pages Newspaper Magazine Member Friend/Family School

Program/Activity Interests

- Before & After School Programs
- Summer Camp
- Child Care
- Family Prime Time
- Family Programs
- Swim Lessons
- Vacation Camps
- Wellness
- Y Arts
- Youth Activities
- Youth/Adult Sports
- Family Recreation
- Other _____

Volunteer Interests

- Administrative
- Aquatics
- Fundraising
- Membership
- Special Events
- Sports & Recreation
- Wellness
- Youth & Family Programs

Contributions Would you consider making a contribution to the YMCA's Annual Support Campaign? Y N

Household Income \$0-13,999 \$14,000-24,999 \$25,000-39,999 \$40,000-54,999 \$55,000-74,999 \$75,000+

SECOND ADULT MEMBER OR YOUTH ONLY MEMBER

First Name: _____ **MI.:** _____ **Last Name:** _____

Gender: M F **Date of Birth:** ____/____/____ **Marital Status (optional):** Sing Mar Div Sep

Race (optional): American Indian Alaskan Native African American/Black Asian/Pacific Islander Caucasian Hispanic Other

Home Phone: _____ **Cell/Other Phone:** _____

E-Mail: _____ **Employer (optional):** _____

Business Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Business Fax: _____ **Business Phone:** _____

Emergency Contact: _____

Emergency Phone: _____ **Relation to contact:** _____

Would you like to receive monthly e-mail updates (upcoming events, programs and schedules)? Y N

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 Cumberland County YMCA and/or its staff and directors. In the event of a medical emergency, I authorize a representative of the Cumberland County YMCA 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 Cumberland County YMCA. *If you have been convicted of a crime against children, or sexual assault, you are NOT eligible for membership at our YMCA.

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 Cumberland County YMCA's Member and Guest Code of Conduct. (A copy of the Code of Conduct is available upon request at the membership desk.)

Signature: _____ Date: _____

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

FOR OFFICE USE - TO BE COMPLETED IN FULL BY STAFF

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