



MEMBERSHIP APPLICATION

CENTRAL CONNECTICUT COAST YMCA

TODAY'S DATE: _____

STAFF USE: <input type="radio"/> Adult <input type="radio"/> Youth <input type="radio"/> 3 rd Party/AOA <input type="radio"/> Family <input type="radio"/> Young Adult <input type="radio"/> Single Parent Family <input type="radio"/> Couple <input type="radio"/> Senior Couple <input type="radio"/> Senior 3rd Party #: _____	<input type="radio"/> 1 ST <input type="radio"/> 15 TH <input type="radio"/> EFT <input type="radio"/> CC <input type="radio"/> ANNUAL
	MEMBERSHIP NUMBER: -
	CHECK ONE: <input type="radio"/> Full Facility <input type="radio"/> Program Participant

PRIMARY MEMBER NAME	FIRST NAME		MI	LAST NAME	
----------------------------	------------	--	----	-----------	--

PRIMARY PERSONAL INFORMATION	GENDER <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/> Decline	BIRTHDATE / /	RACE <input type="radio"/> CAUCASIAN/WHITE <input type="radio"/> AFRICAN AMERICAN/BLACK <input type="radio"/> NATIVE AMERICAN <input type="radio"/> ASIAN/PACIFIC ISLANDER <input type="radio"/> HISPANIC <input type="radio"/> UNSPECIFIED	TOTAL HOUSEHOLD INCOME <input type="radio"/> \$0-19,000 <input type="radio"/> \$20-39,999 <input type="radio"/> \$40-49,000 <input type="radio"/> \$50-59,000 <input type="radio"/> \$60-69,000 <input type="radio"/> \$70-79,000 <input type="radio"/> \$80-89,000 <input type="radio"/> \$90-99,000 <input type="radio"/> \$100,000+ <input type="radio"/> Unspecified
-------------------------------------	--	------------------	--	---

HOME STREET ADDRESS	CITY	STATE	ZIP CODE
---------------------	------	-------	----------

PRIMARY PHONE	CELL/OTHER PHONE	EMAIL ADDRESS
---------------	------------------	---------------

EMPLOYER	OCCUPATION	COMPANY ADDRESS
----------	------------	-----------------

EMERGENCY CONTACT (FIRST & LAST NAME)	EMERGENCY CONTACT PHONE	MARITAL STATUS <input type="radio"/> MARRIED <input type="radio"/> SINGLE <input type="radio"/> DIVORCED <input type="radio"/> SEPARATED <input type="radio"/> WIDOWED	ARE YOU IN THE MILITARY? <input type="radio"/> VETERAN <input type="radio"/> ACTIVE DUTY <input type="radio"/> RESERVES <input type="radio"/> NO
---------------------------------------	-------------------------	--	--

HOW DID YOU HEAR ABOUT THE YMCA?	<input type="radio"/> INTERNET <input type="radio"/> DRIVE BY/LIVE IN AREA <input type="radio"/> DIRECT MAIL <input type="radio"/> EMAIL <input type="radio"/> PRINT AD <input type="radio"/> CURRENT MEMBER(NAME) _____ <input type="radio"/> PLACE OF EMPLOYMENT <input type="radio"/> FRIENDS/FAMILY <input type="radio"/> MEDICAL REFERRAL <input type="radio"/> OTHER _____
----------------------------------	---

AREAS OF INTEREST:	<input type="radio"/> AQUATICS <input type="radio"/> BEFORE/AFTER SCHOOL CARE <input type="radio"/> CARDIO TRAINING <input type="radio"/> CHILD CARE <input type="radio"/> DANCE <input type="radio"/> FAMILY ACTIVITIES <input type="radio"/> FINE ARTS <input type="radio"/> GROUP EXERCISE <input type="radio"/> GYMNASTICS <input type="radio"/> INDOOR CYCLING <input type="radio"/> MARTIAL ARTS <input type="radio"/> MUSIC <input type="radio"/> OVERNIGHT CAMP <input type="radio"/> PARENT/CHILD PROGRAMS <input type="radio"/> PERSONAL TRAINING <input type="radio"/> PRE-SCHOOL <input type="radio"/> SENIOR PROGRAMS <input type="radio"/> CHRONIC DISEASE PROGRAMS <input type="radio"/> STRENGTH TRAINING <input type="radio"/> SUMMER DAY CAMP <input type="radio"/> TEEN ACTIVITIES <input type="radio"/> OTHER _____
--------------------	---

SECOND MEMBER	FIRST NAME	MI	LAST NAME	GENDER <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/> Decline	BIRTHDATE / /
----------------------	------------	----	-----------	--	------------------

EMAIL	PHONE NUMBER	RACE <input type="radio"/> CAUCASIAN/WHITE <input type="radio"/> AFRICAN AMERICAN/BLACK <input type="radio"/> NATIVE AMERICAN <input type="radio"/> ASIAN/PACIFIC ISLANDER <input type="radio"/> HISPANIC <input type="radio"/> UNSPECIFIED/OTHER
-------	--------------	--

EMPLOYER	OCCUPATION	COMPANY ADDRESS
----------	------------	-----------------

EMERGENCY CONTACT (FIRST & LAST NAME)	EMERGENCY CONTACT PHONE	MARITAL STATUS <input type="radio"/> MARRIED <input type="radio"/> SINGLE <input type="radio"/> DIVORCED <input type="radio"/> SEPARATED <input type="radio"/> WIDOWED	ARE YOU IN THE MILITARY? <input type="radio"/> VETERAN <input type="radio"/> ACTIVE DUTY <input type="radio"/> RESERVES <input type="radio"/> NO
---------------------------------------	-------------------------	--	--

DEPENDENT	FIRST	MI	LAST NAME	GENDER	BIRTHDATE / /	RACE	RELATION TO PRIMARY MEMBER
FIRST		MI	LAST NAME	GENDER	BIRTHDATE / /	RACE	RELATION TO PRIMARY MEMBER
FIRST		MI	LAST NAME	GENDER	BIRTHDATE / /	RACE	RELATION TO PRIMARY MEMBER
FIRST		MI	LAST NAME	GENDER	BIRTHDATE / /	RACE	RELATION TO PRIMARY MEMBER
FIRST		MI	LAST NAME	GENDER	BIRTHDATE / /	RACE	RELATION TO PRIMARY MEMBER
FIRST		MI	LAST NAME	GENDER	BIRTHDATE / /	RACE	RELATION TO PRIMARY MEMBER

PAYMENT OPTIONS & AUTHORIZATIONS:

- I authorize the Central Connecticut Coast YMCA to debit/charge my account (checking, savings, debit, or credit card) monthly for my YMCA account. [REDACTED]
- I will maintain a valid account/card with sufficient funds and notify the Y of any changes at least 14 days before my next scheduled payment. [REDACTED]
- I understand my membership will continue monthly unless I cancel online or submit written notice; the YMCA will stop debits/charges within 72 hours of written cancellation. [REDACTED]
- I understand the Y may adjust rates with 30 days' notice. [REDACTED]
- I am responsible for any declined payments plus a \$30 service fee. Non-payment may result in termination of membership. [REDACTED]
- I agree to receive Y communications via text/email. [REDACTED]
- I understand that if I cancel my membership and am currently enrolled in programming I will incur an additional non-member fee. [REDACTED]

PLEASE SELECT A PAYMENT METHOD BELOW:

PAYMENT METHOD	<input type="checkbox"/> Debit/Withdrawal from Checking/Savings Account	CREDIT/DEBIT CARD: <input type="checkbox"/> Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Disc Last 4#: _____
	Bank Name: _____	Your card will be swiped at the Y Branch
	Bank Address: _____	Name on Card: _____
	Accounting #: _____ Routing #: _____	Address of Cardholder: _____

RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT:

The Central Connecticut Coast YMCA strives to provide a safe, respectful environment. The following behaviors are prohibited and may result in denied/revoked access:

- Profanity, abusive language, inappropriate attire
- Smoking, alcohol or drug use
- Sexual behavior or harassment
- Theft, weapons, or criminal conduct

The Y may deny access to anyone accused/convicted of child/sexual abuse, narcotics-related offenses, or under the influence of drugs/alcohol.

Zero Tolerance: The Y conducts regular sex offender screenings and may terminate membership or program access if a match occurs. Members/guests should report any concerning behavior to Y staff immediately.

WAIVERS & RELEASES:

In consideration of use of the Y's facilities, programs, or events (on- or off-site), I AGREE TO:

- **RELEASE** the Y and its affiliates from liability for injury, illness, death, or property damage. [REDACTED]
- **ASSUME FULL RESPONSIBILITY** for all risks of participation. [REDACTED]
- **AUTHORIZATION FOR MEDICAL ATTENTION:** I give permission for YMCA Certified First-Aid staff to treat me or any family member, if needed. I authorize the YMCA staff to consent to emergency treatment (under advice of a Connecticut licensed physician) for me or my family when the need for such treatment is immediate and when efforts to reach our emergency contact are unsuccessful; this includes transportation to the nearest emergency facility. I understand that any expenses incurred, through transportation and medical treatment are my responsibility. [REDACTED]
- **ADULT OR YOUTH INDEMNIFY & HOLD HARMLESS** the Y and its affiliates from related claims or costs. [REDACTED] (full documents attached-please initial that you have received them)
- I **AUTHORIZE** use of images and video of me for promotional purposes. [REDACTED] (full documents attached-please initial that you have received them)

I have read this agreement and sign it voluntarily. [REDACTED]

STAFF USE: Check the boxes below to indicate if the member has completed the following forms and handed them in with this application.

- CCCY 2025 Photo Waiver
- CCCY 2025 Adult-Youth Liability Waiver

Participant Name (Print): _____

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____



STAFF USE: Check the boxes below to indicate if the member has **DECLINED** to complete the following form.
 CCCY 2025 Photo Waiver

FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

CENTRAL CONNECTICUT COAST YMCA
Photo / Audio / Visual / Narrative Release Form
(For Adult Participants and Minor Participants with Parent/Guardian Consent)

- I am 18 years of age or older.
- I am under 18, and my parent or legal guardian has provided consent below.

Consent & License

By participating in activities or programs conducted by the Central Connecticut Coast YMCA, YMCA of the USA, or their chartered associations and collaborating partners ("The Y"), I grant permission — now and forever — for the creation, reproduction, editing, and use of:

- Photographs, Video recordings, Audio recordings, Written or spoken narratives about my experience

I provide The Y and its collaborating third parties with a **perpetual, worldwide license** to use these materials, in any format existing now or developed in the future, for purposes including:

- Promotion and advertising, Educational materials, Public displays or exhibitions, Commercial use

I understand:

- I may or may not be identified by name.
- My name will never be used to endorse specific products or services.
- I will not receive any payment or compensation for the use of these materials.
- I waive all rights to approve or review the final materials.

Ownership & Use

I further agree that:

- All materials created are the sole property of YMCA of the USA. The Y has no duty of confidentiality regarding these materials. The Y and its partners may use, adapt, and distribute these materials globally, indefinitely, without additional notice or payment to me.

Release of Liability

- I understand that my consent is final and cannot be revoked and I release and discharge The Y and its partners from any claims, demands, or legal actions arising from the use of these materials.

Participant Information

Please Check One:

- I am signing for myself as an adult participant.
- I am signing as the parent/legal guardian of a minor participant listed below.

Adult Participant Name (Print Clearly): _____

Adult Participant Signature (if Over 18): _____

Date: _____

If applicable – Minor’s Name (Print Clearly): _____

**For multiple children, list all their names on the lines*

Parent/Guardian Signature (if Minor Participant): _____

Date: _____



STAFF USE: Check the boxes below to indicate if the member has **DECLINED** to complete the following form.
 CCCY 2025 Adult-Youth Liability Waiver

FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

CENTRAL CONNECTICUT COAST YMCA

General Participant Waiver, Release, Indemnification & Covenant Not to Sue

(For Adult Participants and Minor Participants with Parent/Guardian Consent) **PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT, YOU ARE RELEASING CENTRAL CONNECTICUT COAST YMCA INC. FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE.**

Assumption of Risk

I acknowledge and agree that any use of Central Connecticut Coast YMCA Inc. facilities, services, equipment, and premises ("Facilities") and any participation in Central Connecticut Coast YMCA Inc. programs and activities ("Programs") involves inherent risks, including but not limited to:

- Personal injury (moderate to severe)
- Property damage
- Disability
- Death
- Sickness or disease

I voluntarily accept and assume full responsibility for these and any other risks associated with the use of Facilities and participation in Programs. I confirm that I have full knowledge of the nature and extent of all such risks, whether or not they are fully described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs, I, the undersigned:

- Agree that Central Connecticut Coast YMCA Inc., its officers, directors, agents, employees, volunteers, insurers, and representatives ("Releasees") shall not be liable for any injury, property damage, disability, death, sickness, or disease sustained by myself, my family members, dependents, guests, or Minor(s) listed below, regardless of cause, including negligence by Releasees.
- Accept full responsibility for any loss, damage, or injury arising from the use of Facilities and participation in Programs.
- Release, waive, and covenant not to sue Releasees for any cause of action, claims, suits, liabilities, or demands of any nature whatsoever, including negligence, related to use of Facilities or participation in Programs, whether supervised or unsupervised.
- Agree to indemnify and hold harmless Releasees from any and all claims, demands, losses, suits, liabilities, or costs, including attorney's fees, arising from or in any way related to use of Facilities and participation in Programs by myself, my family, dependents, guests, or Minor(s).

Participant Information

Please check one:

- I am participating as an **Adult Participant**
- I am the Parent/Guardian signing for a **Minor Participant**

If signing for a Minor Participant, I certify that I am the Minor's legal parent/guardian, have the authority to sign this agreement, and do so voluntarily on behalf of the Minor.

Adult Participant Name (Print Clearly): _____

Adult Participant Signature (if Over 18): _____

Date: _____

If applicable – Minor's Name (Print Clearly): _____

**For multiple children, list all their names on the lines*

Parent/Guardian Signature (if Minor Participant): _____

Date: _____