

MEMBERSHIP APPLICATION



Northern Middlesex YMCA
99 Union Street
Middletown, CT 06457
(860) 347 - 6907
www.midymca.org

PRIMARY MEMBER

First Name _____ Middle _____ Last Name _____

Date of Birth _____ Gender you identify as _____

Ethnic/Racial Background ☐ Unspecified ☐ Asian/Pacific Islander ☐ Alaskan Native ☐ African American
☐ Native American ☐ Caucasian ☐ Hispanic ☐ Other

Household Income ☐ \$0-\$25,000 ☐ \$25,000-\$50,000 ☐ \$50,000-\$100,000 ☐ \$100,000+

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

Employer _____ Work Phone _____

Emergency Contact _____ Emergency Contact Phone _____

ADDITIONAL MEMBERS

For couple and family memberships only, additional members must be living in the same household.

First Name	M.I.	Last Name (if different)	Date of Birth	Gender you identify as	Race	Relationship to Primary

Have you ever had a membership or registered for a program at the Northern Middlesex YMCA before? ☐ YES ☐ NO

HOW DID YOU HEAR ABOUT THE Y?

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Radio | <input type="checkbox"/> Email | <input type="checkbox"/> Billboard/Sign |
| <input type="checkbox"/> TV | <input type="checkbox"/> Employer | <input type="checkbox"/> Drive/Walk By |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Friend/Family | <input type="checkbox"/> YMCA Website |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Member | <input type="checkbox"/> Medical/Physician |
| <input type="checkbox"/> Magazine | <input type="checkbox"/> Other _____ | |

WHO CAN WE THANK FOR REFERRING YOU?

Name _____

Phone _____

OUR MISSION

The Northern Middlesex YMCA offers a path toward a fuller more productive life. The YMCA will provide to a broad spectrum of our community, high quality programs, services, and facilities that improve individual and family life, encourage healthier life styles and assist youth in developing into responsible adulthood.

CONDITIONS OF MEMBERSHIP

All members are required to present a current, valid membership card or photo identification when using the YMCA's facilities and programs. Membership cards are not transferable. Joiner fees are non-refundable and non-transferable. As a member of the YMCA, you are agreeing to follow the policies, procedures and appropriate behaviors for the safety and comfort of all members and guests.

RELEASE AND WAVIER OF LIABILITY

I understand that the Young Men's Christian Association of Northern Middlesex County, Inc. (referred to as the YMCA hereafter) assumes no responsibility for injuries or illnesses, which my family members or I sustain as a result of my physical condition or resulting from my participation in any activities, the use of any equipment and the facilities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk of all such usage and further agree to hold harmless the YMCA and its staff members from any and all claims, suits, losses, or related causes of action for damages including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way for exercising or using the facilities at the YMCA. I understand that the YMCA is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises. I give my permission to the Middlesex YMCA to use, without limitation or obligation, photographs, or film footage, which may use image or voice for purposes of promoting or interpreting YMCA programs.

YMCA NATIONWIDE MEMBERSHIP PROGRAM

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.

SEX OFFENDER SCREENING

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

Primary Participant Name (please print)

Signature of Participant or Guardian

Date

Additional Participant Name (please print)

Signature of Participant or Guardian

Date

PAYROLL DEDUCTION AUTHORIZATION

Name: _____

Employee Number: _____

I hereby authorize Middlesex Health System to deduct from each bi weekly payroll the amount of \$ _____ toward my Health Club Membership at _____

I understand that I can discontinue my membership and the related payroll deduction at anytime and it will be discontinued automatically upon termination of my employment with Middlesex Health System.

Signature: _____

Date: _____

CANCELATION OF PAYROLL DEDUCTION AUTHORIZATION

I hereby choose to cancel my payroll deduction for _____ as of the date below

Reason or cancellation: _____

Signature: _____

Date: _____