

Regional YMCA Membership Policy

Please read carefully

The undersigned member hereby assumes and agrees that the Regional Y of Western Connecticut, Inc., its Officers, Directors, Employees, and Independent Contracting Staff (Regional YMCA) are not liable for, responsible for, and does not assume any liability, responsibility, or obligations for any and all claims, damages, obligations, injuries, accidental or otherwise, including actions or omissions by other persons, which may happen or occur upon the premises of the Regional Y prior to, during, while participating in, or subsequent to any Regional Y activity. The undersigned member acknowledges that the Regional Y does not carry an accident or health insurance policy on the member at any time. The Regional Y is not liable for loss or theft to property of the member.

The undersigned member hereby discharges, releases, and waives the Regional Y from any and all irresponsibility in connection therewith.

The undersigned member hereby acknowledges that open, family, adult, or other blocks of designated times are unsupervised and that the Regional Y does not provide, warrant, or assume any responsibility for such supervision.

The Regional Y advised the undersigned member that he/she should not drop off or leave children unattended at any time, except for the time they are registered and actually participating in a class or program. Parent or guardian must remain in the building during these times.

Photographs of participants in Regional YMCA of Western Connecticut activities may be taken and used for promotion of the Regional Y in newspapers, magazines, or other printed or published material. Participation in Regional Y activities includes the consent of both you and your family to be photographed and for the use of such photographs by the Regional Y UNLESS YOU NOTIFY THE REGIONAL Y IN WRITING PRIOR TO PARTICIPATION.

This Agreement by the undersigned member is for him/herself, him/her heirs, executors, administrators, successors and assigns, and for minor children which he/she may be guardian or conservator of.

Regional YMCA Open Doors Membership Application

Boughton Street Only

Family / Adult Couple EZ-Pay Bank Draft Membership Application

The following fields are required

Last Name:

First Name:

Initial:

Sex: Male

Female:

Date of Birth (mm/dd/yyyy):

E-Mail:

Home Address:

Home City:

Home State:

Home Zip:

Home Phone:

Now, please fill in your employer information

If this does not apply to you, please type "NA" in each of the following fields

Employer:

Position / Occupation:

Business Address:

Business City:

Business State:

Business Zip:

Business Phone:

The following fields, regarding your spouse, are required

Partner's Last Name:

Partner's First Name:

Initial:

Partner's Sex: Male

Female:

Partner's Date of Birth (mm/dd/yyyy):

Now, please fill in your Partner's employer information

If this does not apply to your spouse, please type "NA" in each of the following fields

Partner's Employer:

Position / Occupation:

Business Address:

Business City:

Business State:

Business Zip:

Business Phone:

The following emergency contact fields are required

Emergency Contact Name:

Business Phone:

Is this membership application for husband and wife only? Yes No

If Yes - Scroll down to "[Authority to Charge.....](#)"

If No - please add the names of your children who will be using the Y facilities

Child's Last Name:

Child's First Name:

Child's Sex: Male

Female:

Child's Date of Birth (mm/dd/yyyy):

Child's Last Name:

Child's First Name:

Child's Sex: Male

Female:

Child's Date of Birth (mm/dd/yyyy):

Child's Last Name:

Child's First Name:

Child's Sex: Male

Female:

Child's Date of Birth (mm/dd/yyyy):

Child's Last Name:

Child's First Name:

Child's Sex: Male

Female:

Child's Date of Birth (mm/dd/yyyy):

Child's Last Name:

Child's First Name:

Child's Sex: Male

Female:

Child's Date of Birth (mm/dd/yyyy):

[Authority to Charge for Regional YMCA Membership Payments](#)

Your credit card will be initially charged for the first month's fee of \$48 plus the Joiners Fee of \$38

\$48 / month will be debited thereafter from your bank account

For membership applications submitted from the 2nd to the 15th of the current month, your credit card will be charged for the first month's payment + the joiner's fee and your bank account will then be debited beginning on the 15th of the following month (EXAMPLE: Join on Jan 2 - 15, your credit card is charged for 1 monthly payment + the joiner's fee and then your monthly bank account draft begins starting Feb 15)

For membership applications submitted from the 16th of the current month to the 1st of the next month, your credit card will be charged for the first month's payment + the joiner's fee and your bank account will then be debited beginning on the 1st of the following month (EXAMPLE: Join on Jan 16 - Feb 1, your credit card is charged for 1 monthly payment + the joiner's fee and then your monthly bank account draft begins starting March 1st)

First / Last Name of Credit Card Holder

Mailing Address of Credit Card Holder

Please Select a Credit Card Type Visa MasterCard American
Express

I give authority to the above selected credit card company to honor payments drawn by you on my credit card for membership payment as indicated above. It is understood that your sending of a pre-authorized payment to the credit card company, as a payment becomes due, shall constitute valid notice of such payment due on this membership. When the credit card company honors the payment by charging my account, such payment shall constitute my receipt. Should any pre-authorized payment not be honored by said credit card company when received by them, then it is understood that the payment is to be made by me in the said amount.

Credit Card Number

Expiration Date (mmyy)

Please read the following: This is a continuous membership plan. I understand that this membership will remain in effect as long as I retain the membership card issued to me. It is to my complete understanding that if I wish to terminate or change my membership in any way, I must give the Regional YMCA a 15 Day Written Notice. I understand that I must turn-in all of my membership cards upon termination and I will be receiving temporary cards for the balance of the time I have paid or will be paying. The Regional YMCA Board of Directors may, at their discretion, adjust the monthly rate plan applicable to my category of membership. I understand that I will receive at least 4 weeks notice prior to any such change. Should any membership draft not be honored by my bank for any reason, I realize that I am responsible for the payment plus a \$15 Service Charge Applied by the Regional YMCA. This in addition to any service fee that my bank may make. Membership cards remain the property of the Regional YMCA and must be surrendered upon demand of that institution.

I Agree with the above (please check)

Please enter your bank account information

First / Last Name of Bank Customer

Mailing Address of Bank Customer

Full Name of Bank

Bank Address - City, State, Zip Code

Depositor's Account Number

Depositor's Routing Number

[Regional YMCA Membership Policy](#) I have read and agree with the policy (please check)

Signature

<<<Important>>> Please be sure to bring your documentation that identifies annual income

[Thank You](#) for joining the Regional YMCA