

MEMBERSHIP APPLICATION YMCA OF CUMBERLAND, MD



Return completed application to:

- YMCA OF CUMBERLAND: 601 Kelly Rd Cumberland, MD 21502

Email: Membership@cumberlandymca.org

PRIMARY ACCOUNT HOLDER													
TITLE	FIRST NAME	M.I.	LAST NAME				SUFFIX	NICKNAME					
BILLING ADDRESS					CITY			STATE		ZIP CODE			
MAILING ADDRESS					CITY			STATE		ZIP CODE			
PRIMARY PHONE NUMBER				EMAIL				DRIVER'S LICENSE OR STATE ID#					
DATE OF BIRTH		AGE	GENDER	RACE		<input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multiracial <input type="checkbox"/> Pacific Islander/Asian White <input type="checkbox"/> Eastern European <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other							
EMERGENCY CONTACT (other than your household)													
NAME				EMERGENCY PHONE				RELATIONSHIP					
WORK INFORMATION													
EMPLOYER NAME					EMPLOYER PHONE			YMCA CORPORATE MEMBER?					
								YES <input type="checkbox"/>		NO <input type="checkbox"/>		NOT SURE <input type="checkbox"/>	
EMPLOYER ADDRESS					CITY			STATE		ZIP CODE			
ADULT / DEPENDENTS													
TITLE	FIRST NAME	M.I.	LAST NAME				SUFFIX	NICKNAME					
DATE OF BIRTH		GENDER	RACE		<input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multiracial <input type="checkbox"/> Pacific Islander/Asian White <input type="checkbox"/> Eastern European <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other								
FIRST NAME		M.I.	LAST NAME				SUFFIX	NICKNAME					
DATE OF BIRTH		GENDER	RACE		<input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multiracial <input type="checkbox"/> Pacific Islander/Asian White <input type="checkbox"/> Eastern European <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other								
FIRST NAME		M.I.	LAST NAME				SUFFIX	NICKNAME					
DATE OF BIRTH		GENDER	RACE		<input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multiracial <input type="checkbox"/> Pacific Islander/Asian White <input type="checkbox"/> Eastern European <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other								
FIRST NAME		M.I.	LAST NAME				SUFFIX	NICKNAME					
DATE OF BIRTH		GENDER	RACE		<input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multiracial <input type="checkbox"/> Pacific Islander/Asian White <input type="checkbox"/> Eastern European <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other								
FIRST NAME		M.I.	LAST NAME				SUFFIX	NICKNAME					
DATE OF BIRTH		GENDER	RACE		<input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multiracial <input type="checkbox"/> Pacific Islander/Asian White <input type="checkbox"/> Eastern European <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other								
FIRST NAME		M.I.	LAST NAME				SUFFIX	NICKNAME					
DATE OF BIRTH		GENDER	RACE		<input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multiracial <input type="checkbox"/> Pacific Islander/Asian White <input type="checkbox"/> Eastern European <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other								
FIRST NAME		M.I.	LAST NAME				SUFFIX	NICKNAME					
DATE OF BIRTH		GENDER	RACE		<input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multiracial <input type="checkbox"/> Pacific Islander/Asian White <input type="checkbox"/> Eastern European <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other								

I, _____, hereby acknowledge that I have received a copy of the YMCA's Notice of Code of Conduct including its impact on my YMCA membership. The effective date of the Notice is January 1, 2019. I understand that the YMCA of Cumberland, MD may need to change its policies including but not limited to its Code of Conduct from time to time. The YMCA of Cumberland, MD commits to posting all material changes on our websites and update the "Effective Date" so that you will always know our policies.

As one of the nation's largest providers of the youth and family programs, the Y long has made the safety of children and all vulnerable populations a top priority. Providing a safe, secure environment for members and participants begins with knowing who has access to YMCAs through membership, which underscores the importance of membership 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.

Signature _____ Date _____

MEMBERSHIP APPLICATION YMCA OF CUMBERLAND, MD



Return completed form to:

- YMCA OF CUMBERLAND, MD 601 Kelly Rd Cumberland, MD 21502

Email: Membership@cumberlandymca.org

MEMBERSHIP DUES/FEES AGREEMENT		
LAST NAME	FIRST NAME	MEMBERSHIP TYPE
IF ANNUAL: PAYMENT DATE		AMOUNT \$ PER YEAR
IF MONTHLY: MONTHLY RECURRING PAYMENT DATE		AMOUNT \$ PER MONTH
PAYMENT TYPE: CIRCLE ONE		
CHECKING/EFT	CREDIT CARD	CORPORATE _____

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

If providing a check as payment I, _____, authorize the YMCA of Cumberland to use information from my check to make a one-time electronic payment funds transfer (EFT) or draft from my account, or to process the payment as a check transaction. When the YMCA of Cumberland use information from my check to make an EFT, funds may be withdrawn from the account the day my payment is due. I understand I will not receive my check back from my financial institution.

I, _____, authorize my bank to honor pre-authorized EFTs drawn by the YMCA of Cumberland, MD for monthly membership payments and/or contributions. It is understood that my EFT membership will be continuous until after written notification has been received by the YMCA of Cumberland, MD. When the bank honors the EFT by charging my account, such EFTs constitute my receipt for the payment. Should any EFT have insufficient funds by said bank when received by them, it is understood that payment is to be made by me in the amount of said payment plus a \$40 service charge. This EFT draw will be processed within five (5) business days of the return payment notice.

CREDIT CARD PAYMENT

Card Type: Visa Mastercard AMEX Discover

I, _____, authorize the YMCA of Cumberland, MD to charge my Credit Card ending in (last 4 digits) _____ on a monthly basis to pay for my membership dues. Should any Credit Card not be honored by said bank when received by them, it is understood that payment is to be made by me in the amount of said payment plus a \$40 service charge. This credit card draw will be processed within five (5) business days of the return payment notice.

Please read and initial each section below to acknowledge these terms.

INITIAL	I understand cancellation must be submitted on the required Membership Cancellation Form IN PERSON to the YMCA of Cumberland, MD Welcome Center AT LEAST 30 DAYS PRIOR TO THE NEXT DRAFT DATE. Failure to do so will result in that month's draft being non-refundable. Cancellations via fax, phone, mail, or email are not permitted. A YMCA of Cumberland, MD Membership Cancellation Form must be completed. You will receive confirmation of your cancellation.
INITIAL	I understand annual and semi-annual memberships are non-refundable and non-transferable.
INITIAL	I understand dues are continuous every month regardless of use of the YMCA until the proper change procedure is followed. If for any reason your check or electronic draft is returned, it may be collected electronically through a third party vendor. A minimum return fee of \$40 will be assessed for this service. The YMCA is not responsible for any other collection fees assessed by individual banking institutions.
INITIAL	I understand any members whose electronic draft is returned and not resolved prior to the next draft date will have his or her membership canceled by the YMCA. In order to reinstate a membership or register for any program of service, all outstanding balances must be paid in full.
INITIAL	I understand memberships and program fees are non-transferable and will not be refunded beyond 3 months after payment has been processed.
INITIAL	I understand the above membership financial terms/information and agree to abide by all policies and procedures set forth by the YMCA of Cumberland, MD. The YMCA Board of Directors may at their discretion adjust the monthly rate applicable to my category of membership at any time. I understand that I will receive at least 30 days notice prior to any such change.

Account Holder's Signature _____
Date _____ Staff Initials _____

MEMBER # _____ TO BE ENTERED BY YMCA STAFF



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

YMCA OF CUMBERLAND, MD WAIVER, RELEASE, PHOTO RELEASE AND INDEMNIFICATION AGREEMENT

PLEASE READ CAREFULLY. THIS DOCUMENT EFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING YMCA OF CUMBERLAND, MD FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE

Assumption of Risk

I acknowledge and agree that any use of YMCA of Cumberland, MD facilities, services, equipment and premises ("Facilities") and any participation in YMCA of Cumberland, MD programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being 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 YMCA of Cumberland, MD, it's officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY Maryland and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY/AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT:

Participant's Printed Name _____

Participant/Legal Guardian Signature: _____ Date: _____

Legal Guardian Printed Name: _____ Date: _____

PHOTO RELEASE

I hereby grant the YMCA of Cumberland, MD permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the YMCA of Cumberland, MD and will not be returned. I hereby irrevocably authorize the YMCA of Cumberland, MD to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo. I hereby hold harmless, release, and forever discharge the YMCA of Cumberland, MD from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:

Participant's Printed Name: _____

Age: _____

Participant/Legal Guardian Signature: _____

Legal Guardian Printed Name: _____

Date: _____

MEMBERSHIP APPLICATION YMCA STAFF CHECKLIST



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Member's Name _____

Date _____

Membership Type _____

All Members Present Y/N

_____ YMCA of Cumberland Member Application Form

_____ Waiver, Release, and Indemnification Agreement

Separate waiver required per each individual over the age of 18 listed on member application

If all waivers are not completed, list missing members:

_____	_____
_____	_____
_____	_____

_____ Photo/Audio Visual/Narrative Release

Separate waiver required per each individual over the age of 18 listed on member application

If all releases are not completed, list missing members:

_____	_____
_____	_____
_____	_____

_____ Membership Dues/Fees Agreement

_____ Photo on File

_____ Photo Identification to Verify Information

Type of Picture ID _____

Issuing State/School _____

_____ All information entered in Daxko, including data for each household member (Legal name, date of birth, address, phone number, and email).

Signature of staff completing application

Print Name