

Open Doors Application

ALWAYS WELCOME AT THE KENNEBEC VALLEY YMCA







	a. Membership: Pleas	e select typ	e						
	□ Adult (24-64)	□ Family	* □ One-Paren	t Family** □ Young	g Adult (19-23)				
	□ Teen (13-18)	□ Youth	(up to 12) 🗆 Sen	ior Couple 🗆 Senio	r (65+)				
	*Family: Two parents living in the same household as their dependent children less than 18 years of age, unless child is under 23 and enrolled full time in school. **One Parent Family: As above, but with only one parent active on the membershi ***Senior Couple: A couple in which one or both spouses are 65 or older. b. Program: Please specify which program(s) and participant(s)								
	Progran	program(e) ama po	Participant						
II.	Contact Information:		I						
First NameLast Na			Last Name		DOB				
Ad	Address			Sta	teZip				
Em	Email Primary Phone Gender: I				Gender: M F				
Em	nergency Contact: Relations	hip to mem	ber						
Na	NamePhone Number								
III. Family Membership Information (list last names if different)									
	Household Names	M/F	Birth Date	Relationship	On Membership				

Financial Assistance Requested: Please select which type of assistance you are requesting

I.

IV. Income Information: Must fill out completely

GROSS MONTHLY INCOME

Income and Assistance	1st Adult	2nd Adult	If you wish, please comment below on any extenuating circumstances which contribute to your					
Did you file a federal Tax return? Please provide a copy for each household member with income.	\$ Gross Annual Income	\$ Gross Annual Income	need for assistance:					
Social Security or SSDI (Must Provide Documentation)	\$	\$						
Unemployment (Must Provide Documentation)	\$	\$						
TANF (Must Provide Documentation)	\$	\$						
Child Support or Alimony (Must Provide Documentation)	\$	\$						
Food Stamps (Must Provide Documentation)	\$	\$						
Housing Assistance (Must Provide Documentation)	\$	\$						
Pension or Retirement (Must Provide Documentation)	\$	\$						
Worker's Compensation or Disability (Must Provide Documentation)	\$	\$						
Other Income (Must Provide Documentation)	\$	\$	Please describe:					
*If you have no income, how are you meeting your expenses?								
I FEEL I CAN PAY \$PER MONTH TOWARDS MY MEMBERSHIP I FEEL I CAN PAY \$TOWARDS PROGRAM(s)								
PLEASE VERIFY ALL FINANCIAL INFOR	MATION PROVIDED.							
I,verify that, complete and accurate. If my situation information, or fail to notify the KV YM	changes, I agree to no	tify the KV YMCA with	nin 30 days. If I submit false or inaccurate					
Signature of Applicant			Date					

V. Liability Release Waiver and Safety Check

v. Liability Release Walver and Safety Check	
In consideration of receiving permission from the Kennebec Valley YMCA, its affiliates and assigns, hereinafter "KVY lands and premises of KVYMCA, hereinafter "Premises," the receipt of such permission being hereby acknowledged, consideration of receiving permission to participate and receiving the benefits of participation in any activities, programs, activity held on the Premises, the receipt of such permission and benefit being hereby acknowledged, I hereby releas indemnify, KVYMCA, its agents, officers, directors, owners, servants, volunteers and employees of and from any and demands, actions, and causes of action, whatsoever arising out of or related to any loss, damage, or injury, includin sustain or to any property of mine while in or upon the Premises, or any premises leased to, owned by, sanctioned by supervision of KVYMCA or enroute to or from the Premises leased to or under the control or supervision of KVYMCA. Prelated in any way to said activity, program, special event, or other activity. Being duly aware of the risks and hazards inherent upon entering upon said Premises and /or in participating in any special event, or other activity held at said Premises, I hereby elect to voluntarily enter upon said Premises, knowing of the Premises and knowing that said condition may change and become more hazardous and dangerous during the Premises. If further understand that it is my responsibility to make sure that all equipment that I utilize has been properly insp signs of damage and is safe and appropriate to use and hereby indemnify KVYMCA from any claim resulting in my in from my equipment. I hereby voluntarily assume and accept all risks of loss, property damage or personal injury, inc risks or negligence of any kind, that I may encounter while on the Premises and that may be sustained by myself or while in, on or about the Premises, whether or not connected with or related in any way to said activity, program, sy activity including any alleged negligence in the operation, maintenance or design of th	and in further gram, special event or se, hold harmless and I all liability, claims, g death, that I may by or under the control or A in connection with or activity, program, g the present condition time I am upon the ected by me for obvious jury or injury to others luding death from any to any property of mine becial event or other (MCA or any of its in for any loss, damage, fficers, directors, the jurisdiction of the bors. The undersigned or any other medical with injury. I also agree, or the use of their corney fees. (MCA's right to crop or the image can be Christian Associations d Puerto Rico, from
including loss of property, to the fullest extent of the law.	
To Help Us Provide A Safe and Welcoming Environment, Please Answer the Following Questions	
Have you or anyone listed on this application ever been convicted of a sexual offense? Y or N The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender mate the YMCA reserves the right to cancel membership, end program participation, and remove visitation access. Have you or anyone listed on this registration ever been convicted of a crime other than a traffic violation? Y If yes, please describe the type of crime(s) and date of conviction. You may be contacted by a YMCA representative by is process.	or N
I have carefully read this agreement and the release of liability and fully understand its contents. I am aware that the including negligence and a contract between myself and KVYMCA. I sign it voluntarily with full knowledge of its sign agree to indemnify and hold harmless from claim KV YMCA, its owners and employees. In signing the foregoing agree acknowledge, represent and warrant: A) That I have read the foregoing release, I understand it and sign it voluntarily of age or older and am of sound mind, or if less than 18 years of age, I have discussed this matter fully with my particles.	ificance. Therefore I ement, I hereby y. B) That I am 18 years
Member's Signature	Date

Signature of Guardian ______Date _____