



KV YMCA Membership Application

Kennebec Valley YMCA

Primary Adult Name: _____ Tag #: _____

Gender : Male Female Other Date Of Birth : _____

Race: Asian Black or African American Hispanic/ Latino Middle Eastern or Northern African Native American
Alaskan Native Native Hawaiian or Other Pacific Islander Caucasian Other Unknown

Driver's License # _____ Email : _____

Primary Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact:

Name: _____ Phone # _____

Relationship to primary member: _____

Spouse/Significant Other:

Name: _____ Gender: Male Female Other Date of Birth: _____

Driver's License # _____ Email: _____

Race: Asian Black or African American Hispanic/ Latino Middle Eastern or Northern African Native American
Alaskan Native Native Hawaiian or Other Pacific Islander Caucasian Other Unknown

Children/Dependants:

Name: _____ DOB: _____ Gender: Male Female Other

Name: _____ DOB: _____ Gender: Male Female Other

Name: _____ DOB: _____ Gender: Male Female Other

Name: _____ DOB: _____ Gender: Male Female Other

Name: _____ DOB: _____ Gender: Male Female Other

Policies: Please initial

I understand there is a 3 month draft minimum.

I understand membership fees are non-refundable.

Membership/Program Charges: You are enrolling in a recurring payment plan. Your credit card will be charged \$[_____] every [one time/month/quarter/year] for membership/program name _____

Billing Date: Payments will be charged on the [day _____] of each [month/quarter/year] starting from [first billing date _____]

Cancellation Policy: You can cancel your membership/program at any time. The cancellation process is simple and can be completed using the same method you used to enroll. No additional fees will apply to cancellations.

Rate Adjustment Policy: The YMCA may periodically adjust membership fees. If a fee increase is scheduled, the YMCA will provide at least 30 days' notice before the new rate goes into effect. This notice will include the specific amount of the increase and the date when it begins. If you do not agree with the new rate, you can cancel your membership before the effective date.

Today's Date Membership Search Daxko Search NSOR ID Checked

Unit# _____

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Add a Dollar, Make a Difference!

I am interested in a monthly donation to the KV YMCA Annual Campaign: YES / NO

One-time Donations: \$1 ___ \$3 ___ \$5 ___ \$10 ___ Other amount \$ _____

Recurring Monthly Draft Donation \$ _____ One Time Donation \$ _____

Account Holder Signature: _____ Date: _____

Member Signature: _____ Date: _____

KV YMCA Representative: _____ Date: _____



Kennebec Valley YMCA Liability Release Waiver

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING THE KENNEBEC VALLEY YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE

Assumption of Risk

I acknowledge and agree that any use of the Kennebec Valley YMCA facilities, services, equipment and premises ("Facilities") and any participation in the Kennebec Valley YMCA 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 the Kennebec Valley YMCA, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releases") 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 Releases. 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 all additional minors listed below, and all legal successors and proxies, to release and HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE Releases 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 Releases 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 Releases. In further consideration of the use of Facilities and participation in Programs, I agree to INDEMNIFY AND HOLD HARMLESS Releases 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.

Photo/ Video Waiver:

I grant permission to KVYMCA to use my and any previously listed minors' photo and video on its website and in publications, and I acknowledge KVYMCA's right to crop or treat the photo and video at its discretion. I also understand that once my/our image is posted on KVYMCA's website, the image can be downloaded by any computer user. Therefore I agree to indemnify and hold harmless KVYMCA from claim therefrom.

Adult Member Name (Print)

Adult Member Signature/ Date

Minor Name

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 N
Have you or anyone listed on this registration ever been convicted of a crime other than a traffic violation? Y N
If yes, Please describe the type of crime and date of conviction. You may be contacted by a YMCA representative before your registration is process.

I have read and understand all of the above and fully agree with all of its terms. I hereby sign that all the information provided by myself is accurate and true in its entirety.

Member Name (Print)

Member Signature/ Date