



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WELCOME

Welcome to the YMCA of the Chesapeake. We are deeply committed to our community, ensuring all people have access to opportunities to learn, grow and achieve. At the YMCA, we expect staff, members and guests to behave in accordance with our mission and values at all times, respecting the rights and dignity of others.

We demonstrate CARING, HONESTY, RESPECT, RESPONSIBILITY and FAITH by:

Dressing appropriately, speaking in respectful tones and refraining from the use of vulgar and derogatory
Respecting the property of others; never engaging in theft or destruction.

Resolving conflicts in a respectful, honest and caring manner; never resorting to physical contact or threatening gestures.

Respecting others by refraining from intimate behavior in public, abstaining from contact of a sexual nature.
Creating a safe, caring environment; no firearms or weapons allowed on the premises with the exception of sworn law enforcement officers with proper identification.

Participating in programs to build a healthy spirit, mind and body; never engaging in the use, sale, dispensing or passing of illegal drugs or narcotics, or the unsanctioned use of alcohol on YMCA premises; never using tobacco or products that resemble smoking on or around YMCA premises.

Adherence to the YMCA Code of Conduct and regulations is essential. Noncompliance may result in suspension or termination of YMCA membership privileges. Please see the YMCA website at ymcachesapeake.org for a copy of the Code of Conduct.

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.

To qualify for any category, members must reside at the same address and pay monthly dues from one bank account.

- Maximum of five adults may be listed on a membership.
- The YMCA does not distribute demographic or contact information.
- Membership cards are non-transferable; limit one per person.

For the safety and security of our members, program participants and guests:

- Government photo ID required for members ages 16 and up.
- Current photo required on file for all users age 2 and up.
- Federal law prohibits sex offenders from accessing YMCA of the Chesapeake facilities. In compliance with this law and in order to ensure the safety of our children, we regularly compare our membership database to the National Registry of Convicted Sex Offenders and terminate the membership and/or access rights of anyone registered.

OUR MISSION IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL.

Membership #:

First/Middle:

Last Name:

INFORMATION OF ADULTS IN HOUSEHOLD _____

MEMBERSHIP PRIMARY

Mr. Mrs. Miss Ms. Dr. Other _____ Date of Birth ____/____/____ Male Female

First (Legal Name) Middle Last Suffix Nickname

Home Address City State Zip

Primary Email Phone: Home Cell Work

Company Name

Ethnicity: African American American Indian or Alaska Native Asian Caucasian Hispanic or Latino
 Native Hawaiian Two or more races Prefer not to give

SPOUSE OF PRIMARY Yes No

Mr. Mrs. Miss Ms. Dr. Other _____ Date of Birth ____/____/____ Male Female

First (Legal Name) Middle Last Suffix Nickname

Primary Email

Ethnicity: African American American Indian or Alaska Native Asian Caucasian Hispanic or Latino
 Native Hawaiian Two or more races Prefer not to give

Primary member has permission to manage my online account. Yes No

Mr. Mrs. Miss Ms. Dr. Other _____ Date of Birth ____/____/____ Male Female

First (Legal Name) Middle Last Suffix Nickname

Primary Email

Ethnicity: African American American Indian or Alaska Native Asian Caucasian Hispanic or Latino
 Native Hawaiian Two or more races Prefer not to give

Primary member has permission to manage my online account. Yes No



EMERGENCY CONTACT (adult not listed on membership)

Name Relationship Phone: Home Cell Work

HOW DID YOU HEAR ABOUT THE Y?

Advertisement Corporate Drive/Walk-by Employee Former Member Internet
 Medical Referral Word of Mouth Program Participant
 REFERRED BY MEMBER Please provide that member's information below so we can thank them.

Name Phone Email

Member ID | Office Use Only

INFORMATION ON CHILDREN AND COLLEGE STUDENTS AGES 26 AND YOUNGER IN HOUSEHOLD

Son Daughter Other Child Relationship (ie. foster): _____ Date of Birth ____/____/____ Male Female

First (Legal Name) Middle Last Suffix Nickname

Ethnicity: African American American Indian or Alaska Native Asian Caucasian Hispanic or Latino
 Native Hawaiian Two or more races Prefer not to give

Primary member has permission to manage my online account. Yes No

Son Daughter Other Child Relationship (ie. foster): _____ Date of Birth ____/____/____ Male Female

First (Legal Name) Middle Last Suffix Nickname

Ethnicity: African American American Indian or Alaska Native Asian Caucasian Hispanic or Latino
 Native Hawaiian Two or more races Prefer not to give

Primary member has permission to manage my online account. Yes No

Son Daughter Other Child Relationship (ie. foster): _____ Date of Birth ____/____/____ Male Female

First (Legal Name) Middle Last Suffix Nickname

Ethnicity: African American American Indian or Alaska Native Asian Caucasian Hispanic or Latino
 Native Hawaiian Two or more races Prefer not to give

Primary member has permission to manage my online account. Yes No

Son Daughter Other Child Relationship (ie. foster): _____ Date of Birth ____/____/____ Male Female

First (Legal Name) Middle Last Suffix Nickname

Ethnicity: African American American Indian or Alaska Native Asian Caucasian Hispanic or Latino
 Native Hawaiian Two or more races Prefer not to give

Primary member has permission to manage my online account. Yes No

INCOME VERIFICATION AGREEMENT • Please check one and initial.

I am not requesting an adjusted membership rate. Initials _____

I have presented my income verification documents. By initialing below I agree to re-verify my income related to the number of people in my household who will be joining and the total annual income as requested by the YMCA and to notify the YMCA should my financial situation change.
Initials _____

I have NOT yet presented income verification documents. I am aware that the rate I was quoted today is based on the information I have provided related to the number of people in my household who will be joining and the total annual income. I understand that rate is subject to change when I bring in my recent tax return if that document shows a different total income (line 22 of my 1040 or line 4 of my 1040EZ). By initialing below I agree to bring in that tax return within 30 days. I'm aware if I fail to do so that my account will draft at the standard membership rate for my household size. I also agree to re-verify my income as requested by the YMCA and to notify the YMCA should my financial situation change.
Initials _____

PAYMENT INFORMATION

I hereby authorize the YMCA to initiate debits from the BANK/CREDIT CARD information provided to the YMCA at the time of sign up. The authority is to remain in effect until YMCA has received 15 days written notification from me of the termination of this agreement, or until the YMCA or BANK/CREDIT CARD has sent me 15 days written notice of the YMCA's or BANK/CREDIT CARD's termination of the agreement. The YMCA will send a 15-day notification of any change in the amount to be drafted. Should my membership draft not be honored by my BANK or CREDIT CARD for any reason, I realize that I am still responsible for that payment, including a YMCA \$25 service charge. This is in addition to any service fee my BANK or CREDIT CARD may make.

MONTHLY DRAFT Checking Account
DATE TO BE DRAFTED EACH MONTH

Credit/Debit Card
 5th 15th Draft Authorization: Initials: _____

PHOTO RELEASE

I hereby agree that the YMCA may photograph or capture footage of me or members of my household at the YMCA or on any affiliated YMCA property and the YMCA may use those photographs or footage for its marketing purposes and further agree to release to both the YMCA and releases from claim or liability related to that use; waiving all claims for myself, my household, my child and any heirs or next of kin.

IF I CHOOSE NOT TO BE PHOTOGRAPHED, VIDEOTAPED OR IN OTHER RECORDED MEDIA, IT IS MY RESPONSIBILITY TO INFORM THE PHOTOGRAPHER AND/OR REMOVE MYSELF FROM THE PICTURE.



RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services and programs of the YMCA of the Chesapeake (hereinafter referred to as "YMCA" and/or any participation in any program affiliated with the YMCA, without respect to location, I, for myself and any personal representatives, heirs and next of kin, hereby acknowledge and agree to the following while at the YMCA, regardless of location:

I HAVE, OR IMMEDIATELY UPON ENTERING OR PARTICIPATING WILL INSPECT AND CAREFULLY CONSIDER YMCA PREMISES, FACILITIES AND/OR THE AFFILIATED PROGRAM and entering constitutes an acknowledgment that I find and accept them as being safe and reasonably suited for the purpose of observation, use, or participation.

I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the YMCA, its directors, officers, employees and agents (hereinafter referred to as "releasees") and each of them from any loss, liability, damage, or cost that I may incur due to my/my child's presence, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.

I ACKNOWLEDGE THAT PARTICIPATING IN YMCA ACTIVITIES INVOLVES KNOWN AND UNANTICIPATED RISKS WHICH COULD RESULT IN PHYSICAL OR EMOTIONAL INJURY, PARALYSIS OR PERMANENT DISABILITY, DEATH AND PROPERTY DAMAGE. I HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE or loss while in, about or upon the premises of the YMCA or location of a program affiliated with the YMCA and release, waive and covenant not to sue the releasees. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls for contact with participations; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical emergencies resulting from physical activity; and damage, lost or stolen property. I understand such risks cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.

I HEREBY AGREE THAT MY/MY CHILD'S PARTICIPATION IN THESE ACTIVITIES IS VOLUNTARY AND WE ELECT TO PARTICIPATE DESPITE THESE RISKS. If at anytime I believe that event conditions are unsafe or that I or my child are unable to participate due to physical/ mental conditions, I will immediately discontinue participation.

I REPRESENT THAT I HAVE ADEQUATE INSURANCE TO COVER ANY INJURY OR DAMAGE I OR MY CHILD MAY SUFFER OR CAUSE WHILE PARTICIPATING IN THIS ACTIVITY, or else I agree to bear the costs of such injury or damage myself.

I HEREBY AGREE THAT IN THE EVENT THAT I/MY CHILD NEED IMMEDIATE MEDICAL ATTENTION FOR INJURIES THAT OCCUR WHILE PARTICIPATING IN A YMCA PROGRAM, and I am not present or able to communicate my desires at the time of the injury, I authorize YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a healthcare facility for emergency care as needed.

I GIVE PERMISSION FOR MYSELF AND/OR MY CHILD TO BE TRANSPORTED BY THE YMCA as needed for field trips, inclement weather or late pick-up.

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.

I expressly agree that this RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the States of Maryland and Virginia and that if any portion thereof is held invalid the remaining portions shall remain in full legal force and effect. I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

DATE: ___/___/___
Printed Legal Name _____

Signature or Parent/Guardian's Signature (if participant is legally a minor) _____

BRANCH

___ Caroline County Family YMCA
___ Lower Shore Family YMCA
___ Perkins Family YMCA

___ Cecil County Family YMCA
___ Easton Family YMCA @ Peachblossom
___ Queen Anne's County Family YMCA

___ Chincoteague Island Family YMCA
___ Easton Family YMCA @ Washington
___ Richard A. Henson Family YMCA
___ W. David and Pauline F. Robbins Family YMCA

OFFICE USE ONLY

Membership Type

1 Adult 2 Adults 1 Teen
 1 Senior 2 Seniors

Billing

Monthly Draft \$ _____ Annual \$ _____

TOTAL NUMBER ON MEMBERSHIP _____ #Additional Adults _____ #Additional Seniors _____ #Children _____

All members ages 18 and older scanned in Raptor? YES NO
COMMENTS: _____

Picture(s) taken in Daxko? YES NO

Staff/Branch Name _____

DATE: ___/___/___