



# YMCA of Pawtucket Membership Application

Heritage Park · MacColl · Pawtucket · Westwood · Woonsocket

Membership Type		Family · One Adult Family · Couple · Adult · Young Adult Teen · Program · AOA _____ · Community			
Primary Adult First Name*	M I	Member Last Name*	Date of Birth*	Gender (and Pronouns)*	
Ethnicity (optional)		<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American/Black <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Cape Verdean <input type="checkbox"/> Other _____			
Mailing Address*			City*	State*	Zip*
Contact Phone*			Cell Phone/Other		
Email Address*			Employer*		
Emergency Contact*			Phone Number*	Relationship to Primary*	
Secondary Adult First Name*	M I	Member Last Name*	Date of Birth*	Gender (and Pronouns)*	
Ethnicity (optional)		<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American/Black <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Cape Verdean <input type="checkbox"/> Other _____			
Contact Phone*			Cell Phone/Other		
Email Address*			Employer*		

Please list all individuals who live in your household that are going to be on your membership.

First Name*	M I	Last Name*	Gender (and Pronouns)*	Race	Birth Date*	Relationship to Primary*

**We'd like to know:**

<input type="checkbox"/>	YES! I was referred by an active Y Member.	Name: _____
<input type="checkbox"/>	YES! I would like to rent a locker.	Locker Number: _____ (Men's / Women's / Universal)
<input type="checkbox"/>	YES! I heard about the Y from (please select one):	<input type="checkbox"/> Direct Mail <input type="checkbox"/> Place of Employment <input type="checkbox"/> Medical Referral <input type="checkbox"/> Y Member <input type="checkbox"/> Social Media <input type="checkbox"/> Friend <input type="checkbox"/> Camp/Child Care <input type="checkbox"/> TV <input type="checkbox"/> Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Live in Area <input type="checkbox"/> Donor <input type="checkbox"/> Y Brochure <input type="checkbox"/> Google <input type="checkbox"/> Other _____
<input type="checkbox"/>	Areas of Interest:	<input type="checkbox"/> Camp <input type="checkbox"/> Childcare <input type="checkbox"/> Personal Training <input type="checkbox"/> Sports (Adult / Youth) <input type="checkbox"/> Chronic Disease <input type="checkbox"/> Aquatics <input type="checkbox"/> Health & Well-Being <input type="checkbox"/> Volunteer Opportunities <input type="checkbox"/> Philanthropy <input type="checkbox"/> Active Older Adults <input type="checkbox"/> Group Ex <input type="checkbox"/> Social Activities <input type="checkbox"/> Other _____

**Our Commitment to Inclusion:** The Y is made up of people of all ages and from every walk of life working side by side to strengthen communities. Together we work to ensure that everyone, regardless of ability, age, cultural background, ethnicity, faith, gender, gender identity, ideology, income, national origin, race or sexual orientation has the opportunity to reach their full potential with dignity. Our core values are caring, honesty, respect and responsibility—they guide everything we do.

**Office Use Only**

Join Date: \_\_\_\_\_

Unit ID #: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Date: \_\_\_\_\_



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## Adult and Minor Participant Release & Waiver of Liability and Indemnity Agreement

**PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING the YMCA of PAWTUCKET FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR**

### Assumption of Risk

I acknowledge and agree that any use of **the YMCA of PAWTUCKET** facilities, services, equipment and premises ("Facilities") and any participation in **the YMCA of PAWTUCKET** 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 including, without limitation, COVID-19. 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 YMCA of PAWTUCKET**, its 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.

**Adult Participant #1:** \_\_\_\_\_ **Adult Participant #2:** \_\_\_\_\_

I, in my legal capacity as parent/guardian of the minor(s) listed in this membership application, agree on the behalf of said minor(s), to the above **Assumption of Risk** and the **Waiver, Release, Indemnification and Covenant not to Sue**.

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only**

**Join Date:** \_\_\_\_\_

**Unit ID #:** \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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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.

## Membership Monthly Payment Agreement

- I/We agree to pay the monthly fee of \$\_\_\_\_\_ on the (1<sup>st</sup> / 15<sup>th</sup>) of each month. I/We understand that the full month fee is due whether or not we use the facility. **Initial: \_\_\_\_\_**
- I understand that this membership will remain in effect until I/We submit a cancellation request 30 days prior to the draft date. It is my complete understanding that if I/We wish to terminate the membership on or after the 1<sup>st</sup> of the month, one more monthly payment will be withdrawn from my account before my membership is considered terminated. **Initial: \_\_\_\_\_**
- I/We understand that membership fees may increase with 30 days written notice. **Initial: \_\_\_\_\_**
- I/We understand that there are NO REFUNDS for membership fees prior to a 30-day written notice. **Initial: \_\_\_\_\_**
- There is a \$5 fee due for any returned payments. **Initial: \_\_\_\_\_**

<b>Checking Account Draft Information</b>	<b>Draft Date (Circle One): 1<sup>st</sup> or 15<sup>th</sup></b>
Name on Account	Bank Name
Routing Number	Account Number
<b>Credit Card Draft Information</b>	<b>Draft Date (Circle One): 1<sup>st</sup> or 15<sup>th</sup></b>
Name on Card	<b>Type of Card (Circle One):</b> MasterCard · Discover · VISA · American Express
Account Number	Exp. Date

## Privacy Policy

The Y has a privacy policy, which will advise you about our guidelines concerning the use of your personal information, including the reasonable efforts we make to protect your personal information in accordance with these guidelines, and about what choices you have concerning our use of such information. Please read this policy carefully which is posted on our website: [ymcapawtucket.org](http://ymcapawtucket.org)

## Release and Waiver of Liability/Photo Release

Unless otherwise indicated by selecting "NO", the applicant(s) and their minor youth give permission for the YMCA of Pawtucket, Inc. to use, without limitation or obligation, photographs, film, footage or tape recording, which may include the applicant(s) image or voice for purposes of promoting or interpreting YMCA programs. \_\_\_\_ **NO** **Initial: \_\_\_\_\_**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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- The YMCA is a mission-driven, not-for-profit organization that strives to serve all. The YMCA is committed to ensuring that everyone has the opportunity to benefit from
- YMCA membership and programs. The Y provides financial assistance for those who may not be able to afford the full cost of programs and services. We offer an income-based rate scale to reduce joining, monthly and/or program fees for eligible individuals, making the Y accessible to all individuals and families.
- Membership for All is made possible due to the generosity of donations made through our Annual Fundraising Campaign. To qualify for a Membership for All rate, you will need to provide the YMCA with tax documentation or a month worth of pay stubs to verify your income within 30 days of your membership start date and each year on your anniversary date. Failure to provide the proper documentation within 30 days will result in the fee defaulting to the full rate. **Initial: \_\_\_\_\_**

## Household Size and Annual Income

Financial Aid Percentage	Family Size: 1	Family Size: 2	Family Size: 3	Family Size: 4	Family Size: 5	Family Size: 6	Family Size: 7	Family Size: 8
50%	Up to \$27,999	Up to \$33,999	Up to \$39,999	Up to \$45,999	Up to \$51,999	Up to \$57,999	Up to \$63,999	Up to \$69,999
40%	\$28,000 - \$31,999	\$34,000 - \$37,999	\$40,000 - \$43,999	\$46,000 - \$49,999	\$52,000 - \$55,999	\$58,000 - \$61,999	\$64,000 - \$67,999	\$70,000 - \$73,999
30%	\$32,000 - \$35,999	\$38,000 - \$41,999	\$44,000 - \$47,999	\$50,000 - \$53,999	\$56,000 - \$59,999	\$62,000 - \$65,999	\$68,000 - \$71,999	\$74,000 - \$77,999
20%	\$36,000 - \$39,999	\$42,000 - \$45,999	\$48,000 - \$51,999	\$54,000 - \$57,999	\$60,000 - \$63,999	\$66,000 - \$71,999	\$72,000 - \$77,999	\$78,000 - \$83,999
10%	\$40,000 - \$49,999	\$46,000 - \$56,999	\$52,000 - \$63,999	\$58,000 - \$70,999	\$64,000 - \$77,999	\$72,000 - \$84,999	\$78,000 - \$91,999	\$84,000 - \$98,999
0%	\$50,000 +	\$57,000 +	\$64,000 +	\$71,000 +	\$78,000 +	\$85,000 +	\$92,000 +	\$99,000 +

## Membership for All Rates

Financial Aid Percentage	Two Adult Family	One Adult Family	Couple	Adult	Teen
50%	\$42.50	\$37	\$39.50	\$28.50	\$14.50
40%	\$51	\$44.40	\$47.40	\$34.20	\$17.40
30%	\$59.50	\$51.80	\$55.30	\$39.90	\$20.30
20%	\$68	\$52.20	\$63.20	\$45.60	\$23.20
10%	\$76.50	\$66.60	\$71.10	\$51.30	\$26.10
0%	\$85	\$74	\$79	\$57	\$29

## Joiner's Fees

Joiners' fee may also be discounted according to household income.	
Adult	\$72.00
Couples	\$80.00
Two Adult Family	\$84.00
One Adult Family	\$80.00
Teen	\$25.00

### Specialty Memberships:

- Program (Ages 0 – 11): \$30/mo – Early Registration, Discounts on Childcare and Programs, Facility usage not included
- Veterans: No Joiner's Fee, 10% Monthly Discount
- Big Brothers Big Sisters – Free Youth/Teen Membership for the 'Little'
- Foster Child – Free Youth/Teen Membership
- Agency/Group Home Membership – \$600/annually, Up to 6 Adults

Office Use Only:

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Unit ID #: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Date: \_\_\_\_\_