

WELCOME TO THE



ADULT INFO (Please list Parent/Guardian info)

First Name	Last Name	DOB	Gender
Street Address		City	State Zip Code
Home Phone	Cell Phone	Email	
Employer Name		Employer Phone	
First Name	Last Name	DOB	Gender
Home Phone		Cell Phone	Email
Employer Name		Employer Phone	
Emergency Contact Name		Emergency Contact Phone	
Latex, PB, Heart Conditions, etc.			
Health/Allergy Problems			

If you have children, with whom do they live? (ex. Parent/Guardian/Grandparent)

DEPENDENT INFORMATION (living in same home)	Add'l Members—Please check to the left if they are part of the memb.		MEMBERSHIP TYPE	AYCC STAFF ONLY	Unit ID #
	First Name	Last Name		Membership Type	
	DOB	Gender		Annual - Paid in Full	Annual Bank Draft
	First Name	Last Name		Military	Silver Sneakers/Optom #
	DOB	Gender		Corporate	Community
	First Name	Last Name		North End BGC	South End BGC
	DOB	Gender		Oakland BGC	MM Homeless Shelter
	First Name	Last Name		Wtvl Housing Authority	Benton Resident
	DOB	Gender		Fairfield Resident	3rd Party
	First Name	Last Name		Today's Date	Draft Begin Date
DOB	Gender	Staff Processing	Date		
		Amount	Rcpt.		
		Membership Expiration Date			

What motivates you to become part of the AYCC's family?

☐ Adult Sports ☐ Water Fitness ☐ Youth Fitness/Athletics ☐ Special Events ☐ Music
☐ Adult Group Fitness ☐ Family Programs ☐ Pee Wee Athletics ☐ Childcare ☐ Camps
☐ Personal Wellness ☐ Summer Programs ☐ Childcare (ages 3-5) ☐ Coaching ☐ Kitchen
☐ Personal Training ☐ Swim Lessons ☐ Childcare (ages 5-12) ☐ Arts & Crafts ☐ Maintenance
☐ Open Gym ☐ Martial Arts ☐ Toddler Activities ☐ Education Activities ☐
☐ Active Older Adult Programs (55+) ☐ Gymnastics/Dance ☐ Other ☐ Active Older Adult Programs (55+) ☐ Other

Are you interested in volunteer opportunities?

How did you hear about us?

☐ Another member ☐ Mailing ☐ Workplace ☐ Facebook/Twitter/SnapChat
☐ Radio ☐ Email ☐ Web Search ☐ Website ☐ Other _____

DEMOGRAPHICS	Race (please circle)	Caucasian/White	African/American	Asian	Native American	Pacific Islander	Other
	Does the youth/family receive:	Estimated Annual Family Income (Choose the option that best fits this household information)					
		<input type="checkbox"/> Decline to answer	<input type="checkbox"/> \$0-\$30,150	<input type="checkbox"/> \$30,151-\$40,600	<input type="checkbox"/> \$40,601-\$51,050		
	SNAP Free/Red. Lunch	<input type="checkbox"/> \$51,051-\$61,500	<input type="checkbox"/> \$61,501-\$71,950	<input type="checkbox"/> \$71,951-\$82,400	<input type="checkbox"/> \$82,401-\$92,850		
	TANF Childcare Assist.	<input type="checkbox"/> \$92,851-\$103,300	<input type="checkbox"/> \$103,301-\$113,750	<input type="checkbox"/> \$113,751-\$124,200			
	Do the youth living at home live with parents or relative? <input type="checkbox"/> yes <input type="checkbox"/> no						
	Is anyone in your home part of the military?	<input type="checkbox"/> Active Duty	<input type="checkbox"/> Retired	<input type="checkbox"/> Air Force	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> National Guard	
		<input type="checkbox"/> Reserve	<input type="checkbox"/> Veteran	<input type="checkbox"/> Army	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Navy	
	Is everyone in your home a U.S. Citizen, Legal Alien or Permanent Resident?	Yes	No	All Maine Residents?	Yes	No	We thank you for your responses on the demographics questions. Many of our grant funders require demographics in order to provide their generous funding. The AYCC is proud to welcome everyone, regardless of background and influences.

GIVING	At the AYCC, strengthening community is our cause. We offer financial assistance to ensure that every child, family, and adult can enjoy the life-changing benefits of an AYCC membership and programming.
	1. I would like to JOIN THE CAUSE by adding a donation of \$_____ to my monthly bank draft membership.
	2. I would like to make a one-time donation of \$_____ today.

AYCC GENERAL POLICIES & LIABILITY	I understand that any sexual offender status is against the AYCC mission and will result in termination of my membership and such persons will not be allowed on campus.	I understand that children under the age of 18 must be accompanied by a legal adult at all times in the facility, with the exception of childcare programming.
	I understand that Membership Rates are subject to increases on April 1 of each year and that the AYCC will provide notice one month in advance of such changes.	I understand that the AYCC will not sell or share my personal and private information.
	The AYCC also reserves the right to close the facility for annual cleaning, maintenance and training. The AYCC will communicate all closures to its members and participants.	I understand that the AYCC will be closed for major, legal holidays (New Years, Easter, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas).
	The AYCC does not tolerate hate or bullying on its premises.	The AYCC does not allow the use or sale of alcohol, drugs, vaping or marijuana on any of its properties.
	I understand and agree to follow all the AYCC's policies and respect the facility, equipment, staff, members, other participants and volunteers while I am utilizing the AYCC's facilities.	
Signature of Legal Adult/Guardian listed on front of Membership Application. _____		

AYCC GENERAL LIABILITY	ALL PARTICIPANTS AND GUARDIANS MUST SIGN THIS RELEASE FORM PRIOR TO UTILIZING THE ALFOND YOUTH & COMMUNITY CENTER (herein known as AYCC).		
	I, undersigned, or parent/guardian of _____, give consent for me and/or my child to access the facilities of and participate in programs administered by the AYCC. I acknowledge that there are risks associated with all programs and if there are any health concerns a physician should be consulted prior to participation. I understand and agree that the risks in association with these programs may result in personal injury of any type and accept responsibilities associated with participation in programs and use of facilities.		
	I grant permission for the AYCC to provide care for me and/or my child in the event of accident or injury.		
	_____ Adult or Parent/Guardian Initials		
	I grant permission for the Alfond Youth & Community Center to take video and/or photographs of my child for the purpose of marketing and promoting the Alfond Youth & Community Center. _____ Adult or Parent/Guardian Initials		
	Printed Adult or Parent/Guardian Name _____		
	Signature of Adult or Parent/Guardian _____		Date _____
	Printed Adult or Parent/Guardian Name _____		
	Signature of Adult or Parent/Guardian _____		Date _____

PAYMENT PROCESSING	ANNUAL MEMBERSHIP - CREDIT CARD / CASH / CHECK PAYMENT		
	Date _____	Payment Type _____	Payment Amount _____
	ANNUAL MEMBERSHIP - BANK DRAFT PAYMENT / CC PAYMENT OPTION		
	I authorize my financial institution to honor pre-authorized drafts drawn by the Alfond Youth & Community Center on my account for program and/or membership payments.		
	Account Holder Name _____		
	Financial Institution Name _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	Financial Institution Routing Number _____		
	Account Number _____		
	Monthly Draft Amount _____ Number of Drafts _____		Monthly Draft Date first fifteenth
	Credit Card Account Holder Name _____		Card Type _____
Credit Card Institution Name _____			
Credit Card Number _____		Exp. Date _____	
I hereby authorize the Alfond Youth & Community Center to initiate a debit entry to my checking/savings account or credit card account at the financial institution listed above and initiate adjustments (if ever necessary) for any transactions debited/credited in error. This authority will remain in effect until the Alfond Youth & Community Center is notified by me in writing. The written notice must be received by the Alfond Youth & Community Center at least 14 days before the next billing cycle.			
_____		_____	
Account Holder Signature		Date	

**YMCA of Greater Waterville at the Alfond Youth & Community Center
Nationwide Membership Waiver**

As a member of the YMCA of Greater Waterville, I have access to utilize my membership at YMCA's across the nation. I understand that I must follow the rules at any YMCA I visit or my Nationwide and home YMCA membership may be revoked.

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 other liability for other claims, including loss of property, to the fullest extent of the law.

AYCC Member Names

Primary Member Signature

Date

Notice:

All YMCA's are independently operated and policies and procedures may not be the same as at the AYCC. We recommend calling the YMCA you intend to visit to inquire about their visitation policies, program participation, and any fee requirements.

Nationwide Membership requires that 50% of a member's visits per month be made at their home YMCA.

