WELCOME TO THE AYCC

Alfond Youth & Community Center

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.	
	First Name	Last Name
	DOB	Gender
	First Name	Last Name
	DOB	Gender
	First Name	Last Name
	DOB	Gender
	First Name	Last Name
	DOB	Gender

MEMBERSHIP TYPE

AYCC STAFF ONLY	Unit ID #
Membership Type	
Annual - Paid in Full	Annual Bank Draft
Military	Silver Sneakers/Optum #
Corporate	Community
North End BGC	South End BGC
Oakland BGC	MM Homeless Shelter
Wtvl Housing Authority	Benton Resident
Fairfield Resident	3rd Party
Today's Date	Draft Begin Date
Staff Processing	Date
Amount	Rcpt.
Membership Expiration Date	

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

_____ Adult Sports
_____ Adult Group Fitness
_____ Personal Wellness
_____ Personal Training
_____ Open Gym
_____ Active Older Adult Programs (55+)
_____ Water Fitness
_____ Family Programs
_____ Summer Programs
_____ Swim Lessons
_____ Martial Arts
_____ Gymnastics/Dance
_____ Youth Fitness/Athletics
_____ Pee Wee Athletics
_____ Childcare (ages 3-5)
_____ Childcare (ages 5-12)
_____ Toddler Activities
_____ Other

Are you interested in volunteer opportunities?

_____ Special Events
_____ Childcare
_____ Coaching
_____ Arts & Crafts
_____ Education Activities
_____ Active Older Adult Programs (55+)
_____ Music
_____ Camps
_____ Kitchen
_____ Maintenance
_____
_____ Other

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:
SNAP Free/Red. Lunch
TANF Childcare Assist.

Estimated Annual Family Income (Choose the option that best fits this household information)
___ Decline to answer ___$0-$30,150 ___$30,151-$40,600 ___$40,601-$51,050
___$51,051-$61,500 ___$61,501-$71,950 ___$71,951-$82,400 ___$82,401-$92,850
___$92,851-$103,300 ___$103,301-113,750 ___$113,751-$124,200

Do the youth living at home live with parents or relative? ___yes ___no

Is anyone in your home part of the military?
___ Active Duty ___ Retired ___ Air Force ___ Coast Guard ___ National Guard
___ Reserve ___ Veteran ___ Army ___ Marine Corps ___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 _____ ____ Checking ____ 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.

Boys & Girls Clubs and YMCA of Greater Waterville at the Alfond Youth & Community Center
126 North Street, Waterville, Maine 04901 P: 207-873-0684 F: 207-861-8016 clubaycc.org
facebook.com/clubaycc twitter.com/clubaycc