

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/Renew Active#
	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	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.	

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

<input type="checkbox"/> Adult Sports	<input type="checkbox"/> Water Fitness	<input type="checkbox"/> Youth Fitness/Athletics	<input type="checkbox"/> Special Events	<input type="checkbox"/> Music
<input type="checkbox"/> Adult Group Fitness	<input type="checkbox"/> Family Programs	<input type="checkbox"/> Pee Wee Athletics	<input type="checkbox"/> Childcare	<input type="checkbox"/> Camps
<input type="checkbox"/> Personal Wellness	<input type="checkbox"/> Summer Programs	<input type="checkbox"/> Childcare (ages 3-5)	<input type="checkbox"/> Coaching	<input type="checkbox"/> Kitchen
<input type="checkbox"/> Personal Training	<input type="checkbox"/> Swim Lessons	<input type="checkbox"/> Childcare (ages 5-12)	<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Open Gym	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Toddler Activities	<input type="checkbox"/> Education Activities	<input type="checkbox"/> Unified Prog.
<input type="checkbox"/> Active Older Adult Programs (55+)	<input type="checkbox"/> Gymnastics/Dance	<input type="checkbox"/> Other	<input type="checkbox"/> Active Older Adult Programs (55+)	<input type="checkbox"/> 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	Hispanic	Other
	Does the youth/family receive:	Estimated Annual Family Income (Choose the option that best fits this household information)					
	SNAP Free/Red. Lunch	<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		
	TANF Childcare Assist.	<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		
		<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 <input type="checkbox"/> No <input type="checkbox"/>	All Maine Residents?	Yes <input type="checkbox"/> No <input type="checkbox"/>	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.		

MARKETING	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 Alford Youth & Community Center to take video and/or photographs of my child for the purpose of marketing and promoting the Alford Youth & Community Center. _____ Adult or Parent/Guardian Initials

AYCC GENERAL POLICIES	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.
	The AYCC is a family and community oriented facility. Appropriate language, behavior and attire is required at all times. As such, we require tops (tank tops/tees) and bottoms (shorts, spandex, leggings, or pants) to be worn at all times.	

As a member of the Alford Youth & Community Center (AYCC), your membership becomes much more than a means for exercising. You become part of a community where everyone has the opportunity to learn, grow, and thrive.

The AYCC is the only organization across the United States to have combined the Boys & Girls Clubs and the YMCA in one single organization and has successfully been in operation for 20 years!

We are delighted to be a place where so many call home. The programs we offer enrich the families and our community as a whole and we strive to make a positive impact in the lives of everyone in our community. Welcome to YOUR community.

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 Alford 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 Alford 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 Alford Youth & Community Center is notified by me in writing. The written notice must be received by the Alford Youth & Community Center at least 14 days before the next billing cycle.			
_____ Account Holder Signature		_____ Date	

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.
	If you would like to direct your donation, please choose from the following options:
	<input type="checkbox"/> Covid-19 Support <input type="checkbox"/> Feeding Families Donation <input type="checkbox"/> Camp Tracy Scholarship <input type="checkbox"/> Backpack Program <input type="checkbox"/> Mary Nash Beaupre Sustainable Gardens Fund <input type="checkbox"/> Annual Appeal 2020 <input type="checkbox"/> Other (please specify) _____

MINOR Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Boys & Girls Clubs and YMCA of Greater Waterville at the Alford Youth & Community Center (herein known as AYCC) Programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in AYCC activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with AYCC participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with AYCC participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in AYCC programs or accessing AYCC facilities could increase the risk of contracting COVID-19.** AYCC in no way warrants that COVID-19 infection will not occur through participation in AYCC programs of accessing AYCC facilities. _____ **Initials**

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in AYCC activities/programs I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the AYCC, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the AYCC on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of AYCC facilities/equipment or participation in AYCC programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees. _____ **Initials**

In consideration of the named minor's participation in any AYCC activities/programs, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's AYCC activities/programs participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in AYCC activities/programs participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in AYCC activities/programs and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death.

I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in AYCC activities/programs.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

Participant Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)

ADULT Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in the Boys & Girls Clubs and YMCA of Greater Waterville at the Alfond Youth & Community Center (herein known as AYCC) Programs, now or at any time in the future.

Acknowledgment of Risk

I hereby acknowledge and agree that participation in any AYCC programs/activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with AYCC programs/activities participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with AYCC programs/activities and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in AYCC programs or accessing AYCC facilities could increase the risk of contracting COVID-19.** The AYCC in no way warrants that COVID-19 infection will not occur through participation in AYCC programs of accessing AYCC facilities. _____ **Initials**

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation in AYCC programs/activities, I, _____, the undersigned participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the AYCC, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the AYCC on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of AYCC facilities/equipment or participation in AYCC programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees. _____ **Initials**

In consideration of my participation in AYCC programs/activities, I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my AYCC participation.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in AYCC participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in AYCC programs/activities and that by signing this agreement I HEREBY RELEASE Releasees from all liability for such loss, damage, or death. I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation in AYCC programs/activities.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, and that I am therefore of lawful age and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

IN WITNESS WHEREOF, this instrument is duly executed this _____ day of _____, in the year _____.

Participant Signature

Participant Name (Print Clearly)

**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.

