



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# MEMBERSHIP APPLICATION

## SANFORD-SPRINGVALE YMCA

1 Emile Levasseur Dr. , P.O.Box 249, Sanford, ME 04073  
207 324 4942 phone  
207 636 8046 fax  
Sanfordymca.org

NAME	MS. MRS. MR.	FIRST NAME	M.I.	LAST NAME

R E S I D E N C E	STREET			Have you ever been a member of the Y or registered for any programs previously? Yes or No  Would you like more information on volunteerism or fundraising? Yes or No  Were you referred by a Y member? Yes or No  If so, tell us who:
	CITY	STATE	ZIP CODE	
	PRIMARY PHONE		ALTERNATE PHONE	
	E-MAIL ADDRESS			
	EMPLOYER/SCHOOL			

EMERGENCY CONTACT	NAME	RELATIONSHIP	PHONE NUMBER

PERSONAL INFORMATION <small>*all information is confidential and used for statistical purpose</small>	BIRTHDATE / /	SEX	RACE (confidential) Asian / African American / Caucasian / Hispanic / Native American / Other
	HOUSEHOLD INCOME	(CIRCLE ONE) \$0-13,999 / \$14,000-\$24,999 / \$25,000-\$39,999 / \$40,000-\$54,999 / \$55,000-\$74,999 / \$75,000-OVER	

FAMILY MEMBERS				
NAME (include last if different)	BIRTHDATE	SEX	RACE	EMPLOYER/SCHOOL
<b>Second Adult</b> -02	/ /			
<b>Children/Dependents</b> -03	/ /			
-04	/ /			
-05	/ /			
-06	/ /			
-07	/ /			

I have read, understand, and agree to all of the information on the back of this form. In addition, I understand and agree that the conditions of membership and assumption of basic waiver & release of all claims are in effect throughout my membership with the Sanford-Springvale YMCA I also understand and agree that if the membership is interrupted for any reason these agreements will remain in effect during the period of interruption as well as after the membership is reinstated.

Signature	(applicant)	Date
Signature	(spouse/partner)	Date
Signature	(18+ year old child in family membership)	Date
Signature	(18+ year old child in family membership)	Date

Office Use Only					
Member ID:	Membership Type	Expiration Date	Scholarship/Discount	Staff Initial	Monthly amt: \$ Draft Date: 1st or 12th

## Mission Statement of the Sanford-Springvale YMCA

The mission of the Sanford-Springvale YMCA is to promote values of Caring, Honesty, Respect and Responsibility, to build healthy spirit, mind and body and to improve the quality of life for all members of Sanford-Springvale and the surrounding communities.

## Scholarship Policy

Is the goal of the Sanford-Springvale YMCA to provide educational, social and physical development services in the communities we serve, regardless of residents' ability to pay. A waiver or reduction of fees is available subject to facility and program capacity, and demonstrated need, without regard to race, color, nationality, religion, gender age, or disability.

## Membership Agreement, Release & Waiver

I am an adult over 18 years of age and wish to participate in Sanford-Springvale YMCA (the "YMCA") membership/program activities, as well as my children or legal wards if applicable. As used in this agreement "children" shall include legal wards and "parent" shall include legal guardian. As a condition to being permitted to utilize the facility, services and program of the YMCA for any purpose, including but not limited to observation or use of the facilities or equipment, or participation in any off-site program affiliated with the YMCA, I, undersigned, acknowledge, agree and represent that I have inspected and carefully considered the facilities programs. I understand that even when every reasonable precaution is taken accidents happen. As a condition to participation by me or my children in YMCA activities, on my behalf and behalf of my children, I waive and release any claims for loss of injury incurred or suffered which I or my children might make against the YMCA, its sponsors, officers, employees, volunteers, or contractors as a result of participating in YMCA activities or using its facilities. I further agree to indemnify the YMCA against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by me or my children. I have read this authorization, waiver and release, understand it, and am voluntarily signing it.

I understand that the Sanford Springvale YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using the facilities, on YMCA premises, or involved in YMCA programs.

## Child Safe Environment Efforts

At the Sanford-Springvale YMCA we value our members and their safety. At the Y we reserve the right to deny access or membership to any person who has been accused or convicted of any crime including but not limited to crimes involving sexual abuse; is a registered sex offender; habitually or excessively uses narcotics or dangerous drugs; has ever been convicted of any offense relating to the use, sale or possession, or transportation of narcotics or habit forming and/or dangerous drugs; or continuously or excessively use intoxicating beverages; or has been convicted of carrying a concealed weapon of any kind. The YMCA staff make periodic passes through out the building to ensure that our members are conducting themselves according to the membership code of conduct.

### **Please initial that you have read, agree to, and understand the following:**

1. \_\_\_\_\_The YMCA may screen members and applicants against a national database for registered sex offenders
2. \_\_\_\_\_If someone is found to be included on the registered sex offender list the YMCA, at it's discretion, reserves the right to deny access or terminate existing membership to the YMCA.
3. \_\_\_\_\_If someone included on this membership is or becomes a registered sex offender they cannot be a member of the YMCA at the discretion of the Executive Director or Director of Member Services.
4. \_\_\_\_\_No one included in this application is a registered sex offender and that I am obligated to notify the YMCA immediately if one of the applicants or myself becomes a registered sex offender.

## Cancellation of Memberships

Membership dues are NON-REFUNDABLE and NON-TRANSFERABLE. Changes to my membership, including cancellation, must be made in writing prior to the start of the month in which the change/cancellation is to take effect. Please visit the Welcome Center to complete a Change or Termination form.

## Monthly Draft Agreement

(please initial that you have read, understand and acknowledge the following policy)

1. \_\_\_\_\_ Changes to account information, including credit card expiration date and/or termination request for the monthly draft program must be given in writing and received by the YMCA **no later than the last day of the month prior to be effective for the following month.**
2. \_\_\_\_\_ The YMCA Board of Directors, at its discretion, may adjust the monthly rate applicable to my membership category. I (we) understand that a notice will be sent at least four weeks prior to any such change.
3. \_\_\_\_\_ I (we) give authority to the Sanford-Springvale YMCA to draw on the account listed below for my (our) membership payments. The payment will be made on either the 1st or the 12th of the month or the following business day for the current monthly amount.
4. \_\_\_\_\_ I (we) understand that any draft returned for **any reason** must be paid in full along with the appropriate processing fee of \$15.00. The YMCA reserves the right to cancel my (our) membership due to unpaid returned drafts and fees.
5. \_\_\_\_\_ I (we) have provided a voided check or proof of account with transit number or a copy of the credit card to be drafted.
6. \_\_\_\_\_ I (we) understand that if my (our) draft information or my (our) credit card is lost or stolen, I am to notify the YMCA immediately so I do not incur any returned payment fees.
7. \_\_\_\_\_ **It is my complete understanding that if I wish to terminate or change my membership in anyway, I must give written notice to the YMCA by the last day of the month prior to when cancellation will take effect.**

### Electronic Funds (EFT) or Credit Card Authorization

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated below. When the bank honors EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt of payment. Should any preauthorized EFT (or credit card charge) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

Checking	Savings (statement not passbook)	Credit/Debit Card
Bank Name		
Name on Account/Card		
Account Number		Transit/Routing Number
Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card	<input type="checkbox"/> Discover <input type="checkbox"/> American Express
Credit Card Number		Exp Date:
Draft Day	<input type="checkbox"/> 1st      or <input type="checkbox"/> 12th	
Signature of account holder		Date:

Attach voided check  
or photocopy here

# PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If  
you  
answered

## YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

## NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

### DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

**PLEASE NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

**Informed Use of the PAR-Q:** The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

**No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.**

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PARENT  
or GUARDIAN (for participants under the age of majority) \_\_\_\_\_

WITNESS \_\_\_\_\_

**Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**