



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Westport Weston Family YMCA Application For Membership _____ Date

How Did You Hear About The Westport Weston Family YMCA

___ Digital Ad ___ Mobile/Text Ad ___ Billboard Ad ___ Radio Ad ___ Social Media Ad
___ Friend/Family ___ Former Member ___ YMCA Website ___ Other (_____)

Tell Us About What You and Your Family Would like To get Connected With

___ Aquatics ___ Camp ___ Dance ___ Gymnastics ___ Health & Wellness ___ Personal Training

Membership & Wellness Free Incentives: Please Check Any That Apply to Your Membership Goals

_____ **Fitness Equipment Orientation:** Each member 14 an over will receive a full orientation of all Wellness Center Equipment.

_____ **FITSTART:** A complimentary six-week program in which you will meet with a Wellness Coach who will take you through a progressive system centered on nutrition, cardiovascular health and stress management.

_____ **Fit Family Program:** Adults and Youth ages 10-13 will receive a full orientation on the Wellness Center . Upon completion Youth ages 10-13 may work out in the Wellness Center under the supervision of an Adult Member.

Membership Account Information (Please Print)

Primary Adult

First Name: _____ MI: _____ Last Name: _____
Gender: _____ Date of Birth: _____ Marital Status: _____
Address: _____ City: _____ ST: _____ Zip: _____
Primary Phone #: _____ Email: _____
Emergency Contact: _____ Phone #: _____

Additional Members on Account (Please Print)

		Gender	Age 22/under	Age 23+
Name: _____	DOB: _____	M___/F___	_____	_____
Name: _____	DOB: _____	M___/F___	_____	_____
Name: _____	DOB: _____	M___/F___	_____	_____
Name: _____	DOB: _____	M___/F___	_____	_____

Emergency Contact for Above Members (if different from Primary Adult)

Name: _____ Phone #: _____

Membership & Payment Information—Please Check the Membership Type and Payment Option Applying For

<u>Membership Type</u>	<u>Age Range</u>	<u>Join Fee</u>	<u>Monthly Draft Option Fee</u>	<u>Annual Option Fee</u>
Youth	0-13	\$25	N/A	\$250 _____
8th Grade	8th Grade	N/A	\$15 _____	N/A
High School	14-17	\$25	\$48 _____	\$576 _____
Adult	18-64	\$75	\$81 _____	\$972 _____
Senior	65+	\$25	\$57 _____	\$684 _____
Senior Couple	65+	\$50	\$90 _____	\$1,080 _____

Family: Rates based on the # of adults ages 23 and over in the household . Please check the Family Membership Type Applying For:

- ◆ _____ Family 1 Adult \$108/month _____ Family 2 Adults \$129/month _____ Family 3 Adults \$149/month
- ◆ _____ Family 4 Adults \$170/month _____ Family 5 Adults \$190/month
- ◆ **Join Fee—Family Membership:** \$100 **Family Annual Fees:** Monthly Rate x 12

Payment Options & Authorization

◆ The undersigned hereby authorizes the Westport Weston Family YMCA to process charges to the below credit card/bank account on a reoccurring monthly or one-time per annual basis. Said monthly charges shall continue until Member notifies the Family YMCA, in writing, to cancel such charges. The Family YMCA will officially cancel a membership account once all membership cards associated with said account have been submitted back to the Family YMCA. Member acknowledges that scheduled rate increases may be automatically processed and the Family YMCA will notify members in writing of any increase at least 30 days before increases take effect. Member agrees to provide updated credit card/bank information upon request in order to maintain accurate payment of monthly membership dues and understands that failure to provide valid credit card/bank information will result in temporary suspension of membership account.

Signature: _____ Date: _____

Please Select Method of Payment

Debit/Withdrawal from Checking/Savings Account Debit or Credit Card ___ AMEX ___ MC ___ Visa ___ Discover
 Name on Account: _____ Name on Account: _____
 Account #: _____ Card #: _____
 Routing #: _____ Exp. Date: _____ Sec. Code: _____

I have read the above terms and duration of this agreement

Signature: _____ Date: _____

WWFY Annual Campaign

The Family YMCA’s Annual Campaign allows our YMCA to provide camp scholarships, free or subsidized memberships and other financial assistance to local families and individuals in need. Please consider making a one-time or monthly draft donation to help the Family YMCA better serve our community and those who need our help.

- _____ Yes I would like to donate \$_____ per month to the WWFY’s Annual campaign via draft deduction.
- _____ Yes I would like to make a One-Time donation in the amount of \$_____ to the WWFY’s Annual Campaign.

Liability & Photo Release

I understand that the Westport Weston Family YMCA (the “Family YMCA” is a nonprofit organization which makes it facilities and programs available to persons only on the condition that they agree to assume complete responsibility for any injury or damage. In consideration of use of Family YMCA facilities, and/or acceptance as a Family YMCA member or guest or into any Family YMCA programs, I/we (and any family member who hold the Family YMCA membership through me/us) hereby release and agree to hold harmless the Family YMCA, its officers, directors, employees and staff, from any claim or damage or loss (including but not limited to physical injury and property damage that may be incurred by me/us, or any such family member, or any of our guests), as a result of the use of the facility or participation in any programs of the Family YMCA. I/We certify that I/we and such family members and guests have been determined by a medical doctor to be physically capable to undertake all programs and activities in which I/we or they participate. I/We agree to abide and to require and such family members and guests to abide by all rules and policies established by the Family YMCA. I agree that my photograph can be used by the Family YMCA unless I notify the photographer at the time my picture is being taken.

Office Use

Unit ID #: _____ **Staff Signature:** _____