



Westport Weston Family YMCA Application for Membership

Membership Account Information (Please Print)

Primary Adult **Date of Birth:** _____

First Name: _____ Last Name: _____ Gender: _____

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___	_____	_____
Name: _____	DOB: _____	M___/F___	_____	_____

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

Name: _____ Phone #: _____

Please Choose Membership Type _____ **Monthly Draft** _____ **Annual Payment**

Type	Fee	Type	Fee
____ Youth 0-13	\$25/month	____ Family 1 Adult	\$114/month
____ High School	\$50/month	____ Family 2 Adult	\$137/month
____ Adult 18-22	\$60/month	____ Family 3 Adult	\$158/month
____ Adult 23-64	\$85/month	____ Family 4 Adult	\$180/month
____ Senior 65+	\$61/month	____ Family 5 Adult	\$202/month
____ Senior Couple	\$96/month		

Payment Authorization Options & Membership Draft Terms

Monthly Membership drafts are continuous. To discontinue your monthly draft, please submit in writing request for cancellation.

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: _____

Liability Waiver & Sex Offender Screening Notice

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 liability for other claims, including loss of property, to the fullest extent of the law. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access. Please be aware in order to protect the safety of our members, the Westport Weston Family YMCA may allow local law enforcement and or/third-party security providers to monitor its public areas.

Signature: _____ Date: _____

Office Use **Unit #:** _____

Staff Signature: _____



Westport Weston Family YMCA PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by Westport Weston Family YMCA, I hereby give my permission and consent, now and for all time, to Westport Weston Family YMCA, the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with Westport Weston Family YMCA and/or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at Westport Weston Family YMCA, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at Westport Weston Family YMCA, I authorize, according to this Release, shall belong to Westport Weston Family YMCA, YMCA of the USA and third parties collaborating with Westport Weston Family YMCA and/or YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience Westport Weston Family YMCA;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience Westport Weston Family YMCA will not be subject to any obligation of confidentiality and may be shared with and used by Westport Weston Family YMCA, YMCA of the USA and third parties collaborating with Westport Weston Family YMCA and/or YMCA of the USA;
- Westport Weston Family YMCA, YMCA of the USA and third parties collaborating with Westport Weston Family YMCA and/or YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at Westport Weston Family YMCA.
- Westport Weston Family YMCA, YMCA of the USA and third parties collaborating with Westport Weston Family YMCA and/or YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at Westport Weston Family YMCA for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge Westport Weston Family YMCA, YMCA of the USA and third parties collaborating with Westport Weston Family YMCA and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience Westport Weston Family YMCA as described herein.

Signature: _____ Printed Name: _____

Age: _____ Address: _____

I am the Mother/Father/Legal Guardian of _____ (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____

Date: _____