



**PRIMARY ADULT**

**MEMBERSHIP TYPE:** \_\_\_\_\_

FIRST NAME(PREFERRED)                      LAST NAME                      GENDER                      PRONOUNS                      DOB

STREET ADDRESS                      CITY                      STATE                      ZIP CODE

PHONE                      EMAIL                      COUNTY

EMERGENCY CONTACT NAME                      EMERGENCY CONTACT PHONE

**ADULT (18+) HOUSEHOLD MEMBERS INCLUDED IN MEMBERSHIP**

LAST NAME	FIRST NAME	DOB
PHONE	EMAIL	GENDER
LAST NAME	FIRST NAME	DOB
PHONE	EMAIL	GENDER
LAST NAME	FIRST NAME	DOB
PHONE	EMAIL	GENDER

**YOUTH (UNDER 18) HOUSEHOLD MEMBERS INCLUDED IN MEMBERSHIP**

LAST NAME	FIRST NAME	GENDER	DOB
LAST NAME	FIRST NAME	GENDER	DOB
LAST NAME	FIRST NAME	GENDER	DOB
LAST NAME	FIRST NAME	GENDER	DOB
LAST NAME	FIRST NAME	GENDER	DOB
LAST NAME	FIRST NAME	GENDER	DOB

**STAFF INTAKE**

MEMBERSHIP TYPE	UNIT ID	SS/RA/SF ID
DISCOUNT GROUP	AFFORDABLE ACCESS	
TODAY'S PAYMENT/DATE	RECEIPT #	STAFF MEMBER/DATE
ANNUAL or MONTHLY FEE	NEXT DRAFT DATE	

## PERMISSIONS

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Please initial.

\_\_\_\_\_ I grant permission for the AYCC to provide care for me and/or my children in the event of accident or injury.

\_\_\_\_\_ I grant permission for the AYCC to take video and/or photographs of me and/or my children for the purpose of marketing and promoting the Alford Youth & Community Center.

## MEMBER POLICIES

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Please initial.

\_\_\_\_\_ I agree to follow all AYCC membership policies and understand that they may change without notice. Up-to-date policies are located on the AYCC website:

<https://www.clubaycc.org/membership/become-a-member/>

## NATIONWIDE YMCA ACCESS

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As a member of the YMCA of Greater Waterville, I have access to utilize my membership at YMCAs 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.

- 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.
- Members who join the Alford Youth & Community Center and other YMCA's across the country with health insurance benefits like Silver Sneakers or Renew Active are not eligible for Nationwide YMCA access.
- Nationwide Membership requires that 50% of a member's visits per month be made at their home YMCA.

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**Primary Member Signature**

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**Date**



**MEMBERSHIP PAYMENT PROCESSING**

Memberships can be purchased as follows:

- **Paid in full for one year** at time of enrollment by cash, check, debit/credit card or by bank draft. A member who paid his/her annual membership fee in full remains a member for the duration. If the member does not renew his/her membership, it will terminate automatically as of the renewal date. A member may also request to terminate his/her membership at any time and may request a refund for the unused portion of an annual membership. We do not issue retroactive refunds.

OR

- **Monthly payment plan** to be paid by bank draft/ automatic withdrawal from a checking/savings account or through a monthly charge to a major credit card. A member who paid his/her membership fee using the monthly payment plan remains a member until he/she cancels their membership. *The request to cancel must be made 15 days in advance of your next scheduled draft to be processed in time to be terminated before the next draft date.* The member can request a refund for the unused portion of a paid month.

PLEASE NOTE

- **Returned Payments** are managed by an outside source. In addition to automated resubmission efforts, you may receive messages to update your account information on our behalf. Returned payment service fees are \$30.00 per transaction and cannot be waived.
- **Cancelling your membership** may be completed online through your Daxko account, in person, by calling the Welcome Center at 207-873-0684, or emailing [membership@clubaycc.org](mailto:membership@clubaycc.org)

Account Holder Name \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_  Checking  Savings

**ANNUAL AUTOMATIC PAYMENT AMOUNT**       **MONTHLY AUTOMATIC PAYMENT AMOUNT**

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 Signature \_\_\_\_\_ Date \_\_\_\_\_

The AYCC is committed to welcoming everyone, regardless of financial need. We offer many programs to help families and individuals with financial support for membership, childcare, and programming. Applications for AYCC Affordable Access Programs are available at the Welcome Center and awards are generally valid for one year.

**DEMOGRAPHICS**

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We thank you for your responses to these optional demographic questions. Many of our grant funders require demographics to provide their generous funding. The AYCC is proud to welcome everyone, regardless of background and influences.

**How many people live in your household?** \_\_\_\_\_

**What is the highest level of education in your household?**

Elementary/Middle School     High School     Some College     Associates     Bachelors  
 Masters     PhD

**Ethnicity**

Caucasian/White     Black/African American     Asian     Native American     Hispanic/Latino     Native Hawaiian/Pacific Islander     Other \_\_\_\_\_

**Is anyone in your home part of the military?**

Active Duty     Retired     Reserve     Coast Guard     Navy  
 National Guard     Air Force     Army     Marine Corps     Space Force

**Is anyone in your home a first responder?**

Police     Fire     EMT/Paramedic     Other \_\_\_\_\_

**Estimated Annual Family Income**

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     \$124,201+

**Does the youth/family receive the following?**

SNAP     TANF Childcare Assistance     CCAP Childcare Assistance



**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.

**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.

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 date \_\_\_\_\_.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Participant Name (Print Clearly)



**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 Alfond 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.

**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.

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.

\_\_\_\_\_  
Parent/Guardian Signature & Date

\_\_\_\_\_  
Parent/Guardian Name (Print Clearly)