WELCOME TO THE



Belong. Believe. Achieve.

First Name	Last Name	Preferred	Name	Pronouns	Date of Birth
Street Address		City	State	Zip Cod	de
Phone	Email	County (ex. Kennebec, S	Somerset, etc.)		Gender Identity
Employer Name		Employer F	Phone		
First Name	Last Name	Preferred	Name	Pronouns	Date of Birth
Phone	Email			Gender Identi	ity
Employer Name		Employer Phone			
Emergency Contact	t Name	Emergency	Contact Phone		
Health/Allergy Prob	olems				
Latex, PB, Heart Cond	ditions, etc.				

	Please list any YOUTH living in the home.		
	First Name	Last Name	
DEPE	DOB	Gender	
NDE	First Name	Last Name	
N I	DOB	Gender	
DEPENDENT INFORMATION	First Name	Last Name	
MATI	DOB	Gender	
2	First Name	Last Name	
	DOB	Gender	

	AYCC STAFF ONLY	Unit ID #		
	Membership Type			
⋜	Annual - Paid in Full	Monthly Auto-Pay		
EMB	Military			
MEMBERSHIP TYPE	Corporate/Community			
İΡ	North End BGC	South End BGC		
łХL	Silver Sneakers/Renew Active#			
Ŧ	Other			
	Today's Date	Draft Begin Date		
	Staff Processing	Date		
	Amount	Rcpt.		

Member Services & Welcome Center info@clubaycc.org / 207-873-0684

What motivates you to become part of the AYCC's community? Are you interested in volunteer opportunities? _____ Adult Sports _____ Water Fitness _____ Youth Fitness/Athletics _____ Special Events _____ Music _____ Pee Wee Athletics ___ Camps Adult Group Fitness Family Programs Childcare Personal Wellness Summer Programs Childcare (ages 3-5) _____ Coaching _____ Kitchen _____ Arts & Crafts _____ Swim Lessons _____ Childcare (ages 5-12) _____ Maintenance Personal Training _____ Toddler Activities _____ Education Activities _____ Unified Prog. Open Gym _____ Martial Arts Active Older Adult Active Older Adult Programs (55+) Programs (55+) _____ Gymnastics/Dance _____ Other Other How did you hear about us? ___ Another member ___ Mailing ___ Radio ___ Email ___ Web Search ___ Website ___ Other ____ ____ Workplace ____ Facebook/Twitter/SnapChat Caucasian/White African/American Asian **Race** (please circle) Native American Hispanic Other Does the youth/ **Estimated Annual Family Income** (Choose the option that best fits this household information) family receive: Decline to answer ___\$0-\$30,150 ___\$30,151-\$40,600 ___\$40,601-\$51,050 SNAP Free/Red. Lunch _\$51,051-\$61,500 ___\$61,501-\$71,950 ___\$71,951-\$82,400 ___\$82,401-\$92,850 **EMOGRAPHICS** TANF Childcare Assist. _\$92,851-\$103,300 ___\$103,301-113,750 ___\$113,751-\$124,200 **Do the youth living at home live with parents or relative?** yes no Is anyone in your ___ Air Force ___ Coast Guard ___ National Guard ____ Active Duty ____ Retired home part of the military? ____ Reserve Veteran ____ Army ____ Marine Corps ____Navy Is everyone in your home a U.S. All Maine We thank you for your responses on the demographics questions. Citizen, Legal Alien or Permanent Residents? Many of our grant funders require demographics in order to Resident? Yes No provide their generous funding. The AYCC is proud to welcome Yes No everyone, regardless of background and influences. I grant permission for the AYCC to provide care for me and/or my child in the event of accident or injury. **ARKE** __ Adult or Parent/Guardian Initials I grant permission for the Alfond Youth & Community Center to take video and/or photographs of my child for the purpose of marketing and promoting the Alfond Youth & Community Center. _____ Adult or Parent/Guardian Initials I understand that any sexual offender status is against the I understand that children under the age of 18 must be AYCC mission and will result in termination of my membership accompanied by a legal adult at all times in the facility, with the and such persons will not be allowed on campus. exception of childcare programming. I understand that Membership Rates are subject to increases I understand that the AYCC will not sell or share my personal on April 1 of each year and that the AYCC will provide notice and private information. one month in advance of such changes. The AYCC also reserves the right to close the facility for annual I understand that the AYCC will be closed for major, legal cleaning, maintenance and training. The AYCC will holidays (New Years, Easter, Memorial Day, Independence Day, communicate all closures to its members and participants. Labor Day, Thanksgiving and Christmas). **POLICIES** 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 Alfond 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.

	ANNUAL MEMBERSHIP - CREDIT CARD / CASH / CHECK PAYMENT					
	Date Payment Type	Payment Amount				
		NTHLY AUTOMATIC PAYMENT OPTION				
	I authorize my financial institution to honor pre-authorized drafts draw on my account for program and/or membership payments. All membe the account holder provides written notice one week in advance of the	rships are considered auto-renewing unless				
_	Account Holder Name					
PAYME	Financial Institution Name	Checking Savings				
Ĭ	Financial Institution Routing Number					
Z	Account Number					
PROC	Monthly Draft Amount Number of Drafts	Monthly Draft Date				
CES	Credit Card Account Holder Name					
ESSING	Credit Card Institution Name					
<u>5</u>	Credit Card Number	Exp. Date				
	I hereby authorize the Alfond Youth & Community Center to initiate a debit er account at the financial institution listed above and initiate adjustments (if eve in error. This authority will remain in effect until the Alfond Youth & Community notice must be received by the Alfond Youth & Community Center at least 14	er necessary) for any transactions debited/credited ty Center is notified by me in writing. The written				
	Returned transactions for reasons such as: Declined, Insufficient Funds, Close \$10.00-\$30.00 fee payable to the AYCC upon repayment of initial declined pa AYCC fee must be paid in full within 30 days by cash, money order, bank chec in the loss of membership.	yment upon each occurrence. Initial payment, plus				
	Account Holder Signature	Date				
	At the AYCC, strengthening community is our cause. We offer financia and adult can enjoy the life-changing benefits of an AYCC membership					
	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.					
GIVING	If you would like to direct your donation, please choose from the following options:					
9	Feeding Families DonationCamp Tracy Scholarship					
	Mary Nash Beaupre Sustainable Gardens FundAnnual Appe	ealAmerican Heritage Tour Scholarship				
	Other (please specify)					

COMPLETE THIS PAGE IF THERE ARE MINORS ON THIS APPLICATION

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.

Coronavirus / COVID-19 Warning & Disclaimer

state authorities recommend social distancing as illness, personal injury, permanent disabilit	bus virus that spreads easily through person-to-person contact. Federal and mean to prevent the spread of the virus. COVID-19 can lead to severe and death. Participating in AYCC programs or accessing AYCC ag COVID-19. AYCC in no way warrants that COVID-19 infection will not occurring AYCC facilities. Initials
Waiver, Releas	e, Indemnification & Covenant Not to Sue
In consideration of	icipation in AYCC activities/programs I,, the parent/ ase and on behalf of myself and the minor named above, my heirs, signs, HEREBY DO RELEASE the AYCC, its officers, directors, employees, Releasees") from any causes of action, claims, or demands of any nature ims of negligence, which I, the named minor, my heirs, representatives, low or in the future, against the AYCC on account of personal injury, property of or in any way related to the use of AYCC facilities/equipment or cipation is supervised or unsupervised, however the injury or damage occurs,
named minor, agree to INDEMNIFY AND HOLD H.	n in any AYCC activities/programs, I, the undersigned parent/guardian of the RMLESS Releasees from any and all causes of action, claims, demands, losses in any way related to the named minor's AYCC activities/programs
in AYCC activities/programs participation and that I understand that I and the named minor will be damage, or death, the named minor sustains while	I minor that I have full knowledge of the nature and extent of the risks inhere I, on behalf of myself and the named minor, am voluntarily assuming said risk olely responsible for any loss or damage, including personal injury, property a participating in AYCC activities/programs and that by signing this agreement RELEASE Releasees of all liability for such loss, damage, or death.
I further certify that the named minor is in good I participation in AYCC activities/programs.	ealth and has no conditions or impairments which would preclude his/her safe
lawful age (18 years or older) and otherwise legal	(MM/DD/YYYY), that my present age is, that I am therefore of y competent to sign this agreement, and that I have legal capacity to act as the derstand that the terms of this agreement are legally binding and certify that 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 pres	ent age is, and that I am therefore
of lawful age and otherwise legally competent to	sign this agreement. I further under	stand that the terms of this agreement are
legally binding and certify that I am signing this a	agreement, after having carefully read	d it, of my own free will.
IN WITNESS WHEREOF, this instrument is duly e	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.
- Members who join the Alfond 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.

