

PROGRAM MEMBERSHIP APPLICATION

DAXKO Unit ID: _____

HEALTHY LIVING STARTS HERE
Cumberland Cape Atlantic YMCA
Last Revised: September 2023.



PRIMARY MEMBER INFORMATION

(PLEASE PRINT LEGIBLY)

Today's Date: _____

First Name: _____ MI _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Birthdate: ____/____/____ Age: _____

Primary Phone: _____ Email: _____

Employer: _____ Phone: _____ Health Insurance Provider: _____

Active Member Inactive Member – Visitor Only with active member - Must still check in with Member Services for each visit.

Gender: Male Female Rather Not Say Non-Binary Race/Ethnicity: African American Alaskan Native American Indian Asian/Pacific Islander Caucasian Hispanic Unspecified

Have you ever been a CCA YMCA Member before? Yes No

Were you referred by a current CCA YMCA member? Yes No **NAME OF MEMBER/STAFF:** _____

Which of the below programs are you interested in registering yourself or your child(ren)? (Check all that apply)

- **CHILD CARE** Before & After Care Holiday Care YMCA Summer Camp
- **YOUTH SPORTS** Youth Sports Youth Programs (Youth Dance, Nerf Battles, etc...)
- **AQUATICS** Swim Lessons Summer Swim Team (Winter Swim Team requires a Facility Membership) Water Exercise Classes
- **HEALTHY LIVING** Group Exercise Classes (Personal training requires a Facility Membership)

List all Dependents and/or Additional Adults to be added to your account (Please Print Legibly)

Photo ID and proof of residence is required for all adults at time of activation. All minors must be legal dependents of the primary member, proof of residency/legal guardianship is required. Dependents include any child 25 or younger that the Primary Member or other active adult has legal guardianship of and resides in the same household. Recent photo is required for all persons on the account. Parents may provide an electronic image of their child(ren) in the event the child is not present at time of enrollment (Photos may be emailed to MemberServices@ccaymca.org). We strongly encourage updated photos annually.

Dependent 2ND Adult **FIRST NAME:** _____ **MI:** _____ **LAST NAME:** _____

BIRTHDATE: ____/____/____ **Age:** _____ **Phone:** _____ **Email:** _____

Gender: Male Female Rather Not Say Non-Binary Race/Ethnicity: African American Alaskan Native American Indian Asian/Pacific Islander Caucasian Hispanic Unspecified Other Photo Updated in Daxko (In Person, Picture of a Recent picture, or emailed)

Active Member Inactive Member – Visitor Only with active member - Must still check in with Member Services for each visit.

Dependent Additional Adult **FIRST NAME:** _____ **MI:** _____ **LAST NAME:** _____

BIRTHDATE: ____/____/____ **Age:** _____ **Phone:** _____ **Email:** _____

Gender: Male Female Rather Not Say Non-Binary Race/Ethnicity: African American Alaskan Native American Indian Asian/Pacific Islander Caucasian Hispanic Unspecified Other Photo Updated in Daxko (In Person, Picture of a Recent picture, or emailed)

Active Member Inactive Member - Visitor Only with active member - Must still check in with Member Services for each visit.

Dependent Additional Adult **FIRST NAME:** _____ **MI:** _____ **LAST NAME:** _____

BIRTHDATE: ____/____/____ **Age:** _____ **Phone:** _____ **Email:** _____

Gender: Male Female Rather Not Say Non-Binary Race/Ethnicity: African American Alaskan Native American Indian Asian/Pacific Islander Caucasian Hispanic Unspecified Other Photo Updated in Daxko (In Person, Picture of a Recent picture, or emailed)

Active Member Inactive Member - Visitor Only with active member - Must still check in with Member Services for each visit.

Dependent Additional Adult **FIRST NAME:** _____ **MI:** _____ **LAST NAME:** _____
BIRTHDATE: ____/____/____ **Age:** _____ **Phone:** _____ **Email:** _____
Gender: Male Female Rather Not Say Non-Binary **Race/Ethnicity:** African American Alaskan Native American Indian Asian/Pacific
Islander Caucasian Hispanic Unspecified Other **Photo Updated in Daxko (In Person, Picture of a Recent picture or emailed)**
 Active Member Inactive Member - Visitor Only with active member - Must still check in with Member Services for each visit.

Dependent Additional Adult **FIRST NAME:** _____ **MI:** _____ **LAST NAME:** _____
BIRTHDATE: ____/____/____ **Age:** _____ **Phone:** _____ **Email:** _____
Gender: Male Female Rather Not Say Non-Binary **Race/Ethnicity:** African American Alaskan Native American Indian Asian/Pacific
Islander Caucasian Hispanic Unspecified Other **Photo Updated in Daxko (In Person, Picture of a Recent picture, or emailed)**
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Dependent Additional Adult **FIRST NAME:** _____ **MI:** _____ **LAST NAME:** _____
BIRTHDATE: ____/____/____ **Age:** _____ **Phone:** _____ **Email:** _____
Gender: Male Female Rather Not Say Non-Binary **Race/Ethnicity:** African American Alaskan Native American Indian Asian/Pacific
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Dependent Additional Adult **FIRST NAME:** _____ **MI:** _____ **LAST NAME:** _____
BIRTHDATE: ____/____/____ **Age:** _____ **Phone:** _____ **Email:** _____
Gender: Male Female Rather Not Say Non-Binary **Race/Ethnicity:** African American Alaskan Native American Indian Asian/Pacific
Islander Caucasian Hispanic Unspecified Other **Photo Updated in Daxko (In Person, Picture of a Recent picture, or emailed)**
 Active Member Inactive Member - Visitor Only with active member - Must still check in with Member Services for each visit.

EMERGENCY CONTACT INFORMATION (Please list a person not on your membership, but who is local, who we can contact in case of emergency if we are unable to reach the other adults in your household)

Name: _____ **Relationship:** _____ **Phone:** _____

Please share any other information which would be valuable in the event of an emergency: _____

CUMBERLAND CAPE ATLANTIC YMCA PROGRAM MEMBERSHIP APPLICATION AGREEMENT

Program Memberships are available to members who only want to register for select programs. This membership does NOT include access to the facility or facility benefits outside of the program the participant is registered for. This membership requires a one-time annual fee that must be renewed prior to expiration to avoid lapse in membership. Members must renew their program memberships in advance at the time of any program registration if their program membership is scheduled to expire during the session they are registering for.

PROGRAM MEMBERSHIP TYPE:

Youth/Teen (1 single child) \$30 Adult (1 person 18+) \$40 Family (2+ children/adults or up to 2 adults and 6 dependents) \$55

PAYMENT TYPE: Full Payment is due at the time of enrollment Cash Check Credit/Debit

Please Read & Initial Below (Copies of each of the below documents can be requested at any time with Member Services):

_____ 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.

_____ I have read, signed, and submitted and will abide by the YMCA Member Code of Conduct

Primary Member Signature: _____ **Date:** _____

FOR OFFICE USE ONLY **Membership ID:** _____ **Received By:** _____ **Date:** _____
Staple all applicable forms/ID copies to this application. All persons must have an updated photo in Daxko.

Program Membership Activated Date: _____ **Program Membership will expire on:** _____