## PROGRAM MEMBERSHIP APPLICATION

DAXKO Unit ID: \_\_\_\_\_

## HEALTHY LIVING STARTS HERE

Cumberland Cape Atlantic YMCA Last Revised: January 2024



PRIMARY MEMBER INFORMATION	(PLEASE PRINT LEGIBLY)	Today's Date:
First Name:	MI Last Nam	e:
Mailing Address:		
City:	State: 7in: B	irthdate:/ Age:
<u> </u>	z.p z	,,,,
Primary Phone:	Email:	
Employer:	Phone:	_ Health Insurance Provider:
☐ Active Member ☐ Inactive Member –	Visitor Only with active member - Must s	still check in with Member Services for each visit.
<b>Gender:</b> □ Male □ Female □ Rather Indian □ Asian/Pacific Islander □ Caucasia		city: ☐ African American ☐ Alaskan Native ☐ American
Have you ever been a CCA YMCA Mem	ber before? □ Yes □ No	
Were you referred by a current CCA Y	MCA member? □ Yes □ No NAMI	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 Spore	ts	erf Battles, etc)
• AOUATICS   Swim Lessons	Summer Swim Team (Winter Swim Team r	requires a Facility Membership)   Water Exercise Classes
-	ercise Classes (Personal training requires a	
TEACHT EIVING E Group Exe	recise Classes (Fersonal training requires a	racincy membership)
List all Dependents and/o	r Additional Adults to be added t	o your account (Please Print Legibly)
Photo ID and proof of residence is required member, proof of residency/legal guardian other active adult has legal guardianship of the control of the contro	d for all adults at time of activation. All aship is required. Dependents include an of and resides in the same household. Rof their child(ren) in the event the child i	minors must be legal dependents of the primary ny child 25 or younger that the Primary Member or ecent photo is required for all persons on the account. s not present at time of enrollment (Photos may be
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	_ LAST NAME:
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Gender: □ Male □ Female □ Rather Not Say □ Non-Binary Race/Ethnicity: □ African An	merican 🗖 Alaskan Native 🗖 American Indian 🗖 Asian/Pacific
Islander □ Caucasian □ Hispanic □ Unspecified □ Other □ Photo Updated in Daxko (In I	Person, Picture of a Recent picture or emailed)
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□ Dependent □ Additional Adult FIRST NAME: MI:	LAST NAME:
BIRTHDATE:/ Age: Phone: Email:	
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Islander ☐ Caucasian ☐ Hispanic ☐ Unspecified ☐ Other ☐ Photo Updated in Daxko (In I	Person, Picture of a Recent picture, or emailed)
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There is a made in the interest of the interes	in check in with Hember Services for each visit.
EMERGENCY CONTACT INFORMATION (Please list a person not on your members emergency if we are unable to reach the other adults in your household)	ship, but who is local, who we can contact in case of
• • •	
Name: Relationship:	Phone:
Please share any other information which would be valuable in the event of an emerge	ency:
CUMBERLAND CAPE ATLANTIC YMCA PROGRAM MEMBERS	SHIP APPLICATION AGREEMENT
CUMBERLAND CAPE ATLANTIC YMCA PROGRAM MEMBERS	
Program Memberships are available to members who only want to register for select	t programs. This membership does NOT include
Program Memberships are available to members who only want to register for select access to the facility or facility benefits outside of the program the participant is regannual fee that must be renewed prior to expiration to avoid lapse in membership.	t programs. This membership does NOT include istered for. This membership requires a one-time Members must renew their program memberships in
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