

**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 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  2<sup>ND</sup> 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)**  
 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.

**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) \$35  Adult (1 person 18+) \$45  Family (2+ children/adults or up to 2 adults and 6 dependents) \$70

**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:** \_\_\_\_\_