



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

Today's Date: \_\_\_\_\_  
Daxko Unit ID \_\_\_\_\_  
Special Membership Program: \_\_\_\_\_

# CUMBERLAND CAPE ATLANTIC YMCA

## MEMBERSHIP AGREEMENT (Effective 2/1/2025)

### PRIMARY MEMBER INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ ( ) Home ( ) Mobile Email: \_\_\_\_\_

**GENDER:**  Male  Female  Rather Not Say **RACE/ETHNICITY:**  American Indian or Alaska Native  Asian  Black or African American  
 Hispanic or Latino  Middle Eastern or North African  Native Hawaiian or Pacific Islander  White  Not Listed  Rather not say

**AREAS OF INTEREST** Check all that apply: ( ) Swimming/Swim Lessons ( ) Water Exercise Classes ( ) Swim Team ( ) Group Exercise Classes  
( ) Fitness Centers/Cardio & Strength Training ( ) Personal Training ( ) Indoor Basketball / Pickleball ( ) Youth Sports & Specialty Programs  
( ) Summer Camp ( ) Before & After School Care ( ) ChildWatch While You Workout ( ) Family Activities & Events ( ) Senior Adult Programs

### MEMBERSHIP TYPE & ADDITIONAL MEMBERS:

**Membership Type:**  Youth  Teen  Young Adult  Adult  Senior Adult  1 Adult Household  2 Adult Household

**Membership Policy:** Any individual minor membership must include the parent/legal guardian as the primary member (inactive). Photo ID and proof of shared residency with the primary member is required for all adults. Dependents include any child/adult 25 or younger that the Primary Member or other active adult on the account has legal guardianship of, with supporting documents. Dependents 18-25 must also include proof of shared residency with the primary member. Any adult 18+ with proof of shared residency, but not a legal dependent, may be added as an additional adult for \$30 per adult per month. If a household has more than 6 legal dependents, additional dependents may be added for \$15 per person per month. Once all required supporting documentation is provided, members will be made active and have access to member benefits.

Dependent  2<sup>ND</sup> Adult **FIRST NAME:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_  
**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**GENDER:**  Male  Female  Rather Not Say **RACE/ETHNICITY:**  American Indian or Alaska Native  Asian  Black or African American  
 Hispanic or Latino  Middle Eastern or North African  Native Hawaiian or Pacific Islander  White  Not Listed  Rather not say

Dependent  Add'l Adult **FIRST NAME:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_  
**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**GENDER:**  Male  Female  Rather Not Say **RACE/ETHNICITY:**  American Indian or Alaska Native  Asian  Black or African American  
 Hispanic or Latino  Middle Eastern or North African  Native Hawaiian or Pacific Islander  White  Not Listed  Rather not say

Dependent  Add'l Adult **FIRST NAME:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_  
**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**GENDER:**  Male  Female  Rather Not Say **RACE/ETHNICITY:**  American Indian or Alaska Native  Asian  Black or African American  
 Hispanic or Latino  Middle Eastern or North African  Native Hawaiian or Pacific Islander  White  Not Listed  Rather not say

Dependent  Add'l Adult **FIRST NAME:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_  
**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**GENDER:**  Male  Female  Rather Not Say **RACE/ETHNICITY:**  American Indian or Alaska Native  Asian  Black or African American  
 Hispanic or Latino  Middle Eastern or North African  Native Hawaiian or Pacific Islander  White  Not Listed  Rather not say

Dependent  Add'l Adult **FIRST NAME:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_  
**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**GENDER:**  Male  Female  Rather Not Say **RACE/ETHNICITY:**  American Indian or Alaska Native  Asian  Black or African American  
 Hispanic or Latino  Middle Eastern or North African  Native Hawaiian or Pacific Islander  White  Not Listed  Rather not say

Dependent  Add'l Adult **FIRST NAME:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_  
**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**GENDER:**  Male  Female  Rather Not Say **RACE/ETHNICITY:**  American Indian or Alaska Native  Asian  Black or African American  
 Hispanic or Latino  Middle Eastern or North African  Native Hawaiian or Pacific Islander  White  Not Listed  Rather not say

Dependent  Add'l Adult **FIRST NAME:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_  
**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**GENDER:**  Male  Female  Rather Not Say **RACE/ETHNICITY:**  American Indian or Alaska Native  Asian  Black or African American  
 Hispanic or Latino  Middle Eastern or North African  Native Hawaiian or Pacific Islander  White  Not Listed  Rather not say

**MEMBERSHIP FEES (Initial Below to Accept)**

Joiner Fee:  \$19 Individual  \$39 Household  
 Other (Reason): \_\_\_\_\_ \$ \_\_\_\_\_

Your Monthly Membership Fee: \$ \_\_\_\_\_

**Optional Monthly Add-Ons**

Locker Rental Fee (optional): \$ \_\_\_\_\_

Add'l Adult/Youth Fee (if applicable): \$ \_\_\_\_\_

I would you like to donate to the YMCA Annual Giving Fund:

\$1, \$2, \$3, Other Amount \$ \_\_\_\_\_

**Monthly Fees Subtotal** \$ \_\_\_\_\_

3% Credit Card Service Fee): \$ \_\_\_\_\_

(effective 4/1/25 Credit Card only)

**Total Monthly Fees:** \$ \_\_\_\_\_

**Beginning on:** \_\_\_\_/\_\_\_\_/\_\_\_\_

→ \_\_\_\_\_ Membership fees at time of enrollment are contingent upon maintaining active membership status. Once the account terminates, any promotions/discounts are forfeited and therefore subject to new terms including all prepaid memberships. The primary member assumes all financial responsibility for the membership. In the event the payor of the membership fees withdraws their payment method or fails to make a payment, the primary member will be responsible for paying any balances.

**PAYMENT OPTIONS (Initial One below):**

→ \_\_\_\_\_ **AUTOMATIC MONTHLY DRAFT** I agree to enroll in the automatic monthly draft payment option which means my membership will continuously be drafted each month on the Credit/Debit Card or Bank Account that I have authorized on the draft form I have submitted. Any returned payments will be subject to the return fee to which I will be responsible for and lack of payment would result in termination of benefits. I also understand that in order to cancel my membership and stop future payments I must submit a written cancellation request 30 days prior to my next draft date, but not within 60 days of enrollment. My membership is not contingent upon my attendance and therefore lack of usage is not assumption of cancellation nor eligible for refunds/credits. **Enrollment between 1<sup>st</sup>-14<sup>th</sup> will draft on the 1<sup>st</sup>; Enrollment 15<sup>th</sup>-end of month will draft on the 15<sup>th</sup>**

**My Monthly Draft Date**  1<sup>ST</sup>  15<sup>TH</sup>  Form is attached

→ \_\_\_\_\_ **PREPAY** Total dues must be paid in full upon enrollment – no partial payments permitted. We accept Cash, Check, MasterCard, Visa, American Express, & Discover. There is a 3% service fee on any credit card transaction. A minimum of 3 months in addition to the prorated 1<sup>st</sup> month is required unless otherwise approved.

3 months \$ \_\_\_\_\_  6 months \$ \_\_\_\_\_  12 Months \$ \_\_\_\_\_

**AUTHORIZATION:** I hereby authorize the Cumberland Cape Atlantic YMCA (CCA YMCA) to activate my membership and I agree to all of the terms and conditions as outlined in this agreement.

**PRIMARY MEMBER**

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMERGENCY CONTACT**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

**TERMS & CONDITIONS (Initial Each Area)**

→ \_\_\_\_\_ **GENERAL RELEASE, INDEMNIFICATION AND HOLD HARMLESS:** In consideration of being permitted to utilize (as a member, participant, guest or volunteer) the facilities, services and programs of the Cumberland Cape Atlantic YMCA for any purpose (including, but not limited to observation or use of facilities or equipment, or participation in any program or event affiliated with the YMCA, without respect to location) I, the undersigned, and my Parent/Guardian, if applicable, do hereby release, indemnify, hold harmless the YMCA, all directors, officers, employees, volunteers, agents, independent contractors and other participants (collectively "YMCA & Affiliates") from any and all liability claims, demands, costs, expenses, and actions of any nature whatsoever arising out of or related to any loss, damage or injury, including death, which may be sustained by me, any members of my family, my guests of any age, or to property, whether or not caused by any negligence, either active or passive, by or on behalf of the YMCA & Affiliates.

→ \_\_\_\_\_ **ASSUMPTION OF RISK:** I understand that participating in activities, as a participant, volunteer, or observer, exposes me to a risk of property damage, personal injury or death. I represent that I am in good health and have not been advised by a health care professional of any restrictions that would affect safe participation in any program or activity in which I elect to take part. I hereby agree to inspect and carefully consider such premises and facilities or the affiliated program immediately upon each occasion of entering or participating. I understand that my choice of participating in programs or activities is voluntary on my part, and I affirm my desire to participate in such program or activity. I agree to assume full responsibility for my safety, the safety of my family and guests, and the safety of my property while I am in or at the YMCA or an event or program affiliated with the YMCA, without respect to location.

→ \_\_\_\_\_ **MEDICAL RELEASE:** In case of accident, injury, or illness of whatever kind or nature and however caused, and in the event my Emergency Contact as designated herein cannot be readily reached, I hereby authorize YMCA & Affiliates permission to act on my behalf in seeking appropriate emergency medical treatment. I understand I am responsible for all fees and expenses that result from any such care and treatment rendered.

→ \_\_\_\_\_ **OTHER:** The terms herein shall also serve as a release and assumption of risk by my heirs, successors, assigns and legal representatives, and all members of my family, and may be pleaded as a bar to litigation. If any provision of this Agreement is deemed invalid by a court of competent jurisdiction, the invalidity of such provision shall not affect the validity of the remaining provisions of this Agreement, which shall remain in full force and effect. 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.

→ \_\_\_\_\_ **CANCELATION POLICY:** the CCA YMCA requires 30 days written notice from the primary member in order to process the cancellation of this membership. Cancellation forms are available in person with Member Services or through your CCA YMCA online account. Cancellation requests can not be submitted within 60 days of your enrollment date. If the request is received within 30 days of your next draft date, you will be charged one final payment and your membership will be active thru the end of that billing cycle. Please note, once your membership has been canceled you forfeit your current rate and will be subject to new terms and conditions if and when you choose to rejoin. Early cancellations of prepaid memberships will not be eligible for refund requests. If the Cardholder/Account Owner is not the YMCA primary member, they are subject to the 30 day cancellation policy which will terminate their payment method. However, the primary member will be notified to set up another payment method prior to account termination.

→ \_\_\_\_\_ **HOLD POLICY:** All holds are temporary and may be requested for a maximum of a 3 month period. Only medical holds with a letter from a physician limiting physical activity are eligible for waived hold fees. All other temporary holds are subject to a \$10 per month fee which allows you to continue at your current rate and still maintain access to YMCA360. All other membership benefits are paused until the membership automatically returns to active status.

**(OPTIONAL- INITIAL TO ACCEPT; WRITE "NO" TO DECLINE)**

→ \_\_\_\_\_ **PHOTOGRAPHIC AND AV RELEASE:** I hereby give permission and consent to YMCA & Affiliates to make incidental and occasional photographic, audio and video recordings in connection with participation in YMCA activities or programs and to utilize the same in any manner, and without any compensation to, and/or claim by me, my family or guests.

→ \_\_\_\_\_ **SMS OPT-IN** Yes, opt in to receive text messages about facility closures, reminders, and other updates. Message and data rates may apply. Message frequency varies. Text HELP for help. Text STOP to cancel.

**FOR OFFICE USE ONLY**

Membership ID: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Staple all applicable forms/ID

copies/Draft form to this application. **FOR AUTOMATIC MONTHLY DRAFT**  1<sup>st</sup> month payment received at time of enrollment YES or NO

MSADMIN: Notes: \_\_\_\_\_

Draft Processed  Enrollment Confirmation Sent