

**PROGRAM MEMBERSHIP APPLICATION**

Date: \_\_\_\_\_

**HEALTHY LIVING STARTS HERE**  
**Cumberland Cape Atlantic YMCA**  
**Last Revised: June 2020.**



**PRIMARY MEMBER DETAILS (Please Print)**

TELL US ABOUT WHICH ADULT WILL BE RESPONSIBLE FOR THE MEMBERSHIP

**First Name:** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Primary Phone:** \_\_\_\_-\_\_\_\_-\_\_\_\_

**Email:** \_\_\_\_\_ (We will use email to communicate important information)

**Employer:** \_\_\_\_\_ **Business Phone:** \_\_\_\_-\_\_\_\_-\_\_\_\_ **ext.** \_\_\_\_\_

Active  Inactive **Gender:**  Male  Female **Race:**  African American/Black  Caucasian/White  Hispanic  Asian/Pacific Islander  Other

**What is your reason(s) for joining the Y? (Choose all that apply)**

**CHILD CARE**  Before & After Care  Holiday Care  YMCA Summer Camp

**YOUTH SPORTS**  Youth Sports  Youth Programs (Youth Dance, Nerf Wars, Superheroes, etc...)

**AQUATICS**  Swim Lessons  Senior Swim  Summer Swim Team  Water Exercise Classes

**HEALTHY LIVING**  Group Exercise Classes  Sunday Morning Basketball

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

Photo ID and proof of residence is required for all adults. All minors must be legal dependents of an active adult member on the same account. Dependents include any child 25 or younger that the Primary Member has legal guardianship of and resides in the same household. Active Members will determine your membership type and rate. Inactive Members may be listed given they meet membership requirements to allow for rapid check in when visiting.

Dependent  2<sup>ND</sup> Adult **FIRST NAME:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:**  Male  Female **Race:**  African American/Black  Caucasian/White  Hispanic  Asian/Pacific Islander  Other

**Phone:** \_\_\_\_-\_\_\_\_-\_\_\_\_ **Email:** \_\_\_\_\_  Active  Inactive

Dependent  Additional Adult **FIRST NAME:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:**  Male  Female **Race:**  African American/Black  Caucasian/White  Hispanic  Asian/Pacific Islander  Other

**Phone:** \_\_\_\_-\_\_\_\_-\_\_\_\_ **Email:** \_\_\_\_\_  Active  Inactive

Dependent  Additional Adult **FIRST NAME:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:**  Male  Female **Race:**  African American/Black  Caucasian/White  Hispanic  Asian/Pacific Islander  Other

**Phone:** \_\_\_\_-\_\_\_\_-\_\_\_\_ **Email:** \_\_\_\_\_  Active  Inactive

Dependent  Additional Adult **FIRST NAME:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:**  Male  Female **Race:**  African American/Black  Caucasian/White  Hispanic  Asian/Pacific Islander  Other

**Phone:** \_\_\_\_-\_\_\_\_-\_\_\_\_ **Email:** \_\_\_\_\_  Active  Inactive

Dependent  Additional Adult      **FIRST NAME:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:**  Male  Female **Race:**  African American/Black  Caucasian/White  Hispanic  Asian/Pacific Islander  Other

**Phone:** \_\_\_\_-\_\_\_\_-\_\_\_\_ **Email:** \_\_\_\_\_  Active  Inactive

---

Dependent  Additional Adult      **FIRST NAME:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:**  Male  Female **Race:**  African American/Black  Caucasian/White  Hispanic  Asian/Pacific Islander  Other

**Phone:** \_\_\_\_-\_\_\_\_-\_\_\_\_ **Email:** \_\_\_\_\_  Active  Inactive

---

Dependent  Additional Adult      **FIRST NAME:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:**  Male  Female **Race:**  African American/Black  Caucasian/White  Hispanic  Asian/Pacific Islander  Other

**Phone:** \_\_\_\_-\_\_\_\_-\_\_\_\_ **Email:** \_\_\_\_\_  Active  Inactive

**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 all documents are available upon request):

\_\_\_\_\_ **I have read, signed, and submitted the Release & Waiver of Liability and Indemnity Agreement (Page 2)**

\_\_\_\_\_ **I have read, signed, and submitted the YMCA Member Code of Conduct (page 3)**

\_\_\_\_\_ **I have received my YMCA Member Handbook**

**Primary Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Staff Initials:** \_\_\_\_\_ **Membership ID:** \_\_\_\_\_

**Program Membership Activated Date:** \_\_\_\_\_ **Program Membership will expire on:** \_\_\_\_\_