

Northwestern Connecticut YMCA
2009-2010 Income-Based Membership with Tax Return

We here at the YMCA believe a healthy lifestyle should be available to all. We provide an income-based membership fee scale for facility memberships. Your monthly membership fee is based on your annual household income. To take advantage of this program, please bring a copy of your most recent, **signed** tax return, which outlines your annual household income to the YMCA member services desk. All family members included on the membership must also be listed on the tax return.

This membership will expire 12 months from activation. You must submit another application prior to the expiration in order to avoid interruption. No admittance will be allowed without a current membership. You will not receive notice prior to the expiration date.

You will be notified when your application is approved so that you may come in and activate it with your prorated first payment and joining fee.

Monthly Membership Fees						
Annual Household Income	Teen	Young Adult	Adult	Senior	Couple	Family
\$70,000-74,999	\$20	\$23	\$40	\$37	\$60	\$69
\$65,000-69,999	\$20	\$23	\$40	\$37	\$57*	\$66*
\$60,000-64,999	\$20	\$23	\$40	\$37	\$54*	\$63*
\$55,000-59,999	\$20	\$23	\$40	\$37	\$51*	\$60*
\$50,000-54,999	\$20	\$23	\$40	\$37	\$48*	\$57*
\$45,000-49,999	\$17*	\$20*	\$40	\$37	\$45*	\$52*
\$40,000-44,999	\$16*	\$18*	\$40	\$37	\$42*	\$48*
\$35,000-39,999	\$15*	\$17*	\$32*	\$30*	\$39*	\$42*
\$30,000-34,999	\$12*	\$15*	\$28*	\$26*	\$36*	\$36*
\$25,000-29,999	\$10*	\$14*	\$24*	\$22*	\$33*	\$29*
\$24,999 and under	\$8*	\$12*	\$20*	\$19*	\$24*	\$21*
* IBM Joining Fee	\$0	\$10	\$20	\$20	\$20	\$20

*Income-Based Membership sliding scale subject to change without notice. Application expires 12/31/10.

**Updated 11/6/09

NORTHWEST CONNECTICUT YMCA IBM APPLICATION

Primary Member Name: _____ Female__ Male__

Address: _____ Town: _____

State: _____ Zip: _____ Home Phone: () _____ - _____ Date of Birth: _____

Place of Employment: _____ Work phone () _____ - _____

Emergency Contact: _____ Phone () _____ - _____

Relation of Emergency Contact: _____

Email: _____ Cell Phone: _____

LIST ALL HOUSEHOLD MEMBERS (Include Yourself)

Name	Relationship	Date of Birth	F	M	Employer	Weekly Wage	Included in Membership (Y/N)

FAMILY MEMBERSHIP: provides adults, couples, parents and their children with the use of the facilities, per the schedule. There is a nominal fee for classes. The family membership is limited to two adults and dependent children through 12th grade, living in the same household. College students with valid college ID up to the age of 22 may be included as dependent children. Please refer to our membership qualification policy.

PURPOSE: As an integral part of a Worldwide Movement committed to love and serve all people, this Association has as its purpose to enable all members and constituents to develop values and behavior consistent with Judeo-Christian ideals by:

- Providing cultural, intellectual, physical, spiritual and social programs and services;
- Serving as advocates for human rights, social justices and world peace
- Cooperating with other organizations and institutions having similar ideals. This YMCA encourages the participation of all people regardless of religion, age, sex nationality or handicap.

COMMITMENT: As a member of the Northwest Connecticut YMCA, I accept the above stated purpose and agree to abide by the YMCA constitution, and any rules and regulations of the YMCA as established by the YMCA Board of Directors, its delegated committees, and staff.

I HAVE READ THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENTS LOCATED ON THE REVERSE SIDE

Date: _____

SIGNATURE OF APPLICANT/PARENT

STAFF INIT'L _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENTS:

The signee on his or her behalf and behalf of mentioned family members accepts certain risks, which accompany participation in exercise or sports activities and understand that before undertaking such that I should consult a physician.

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purposes including, but not limited to observation or use of the facilities of equipment, or participation in any off-site program affiliated with the YMCA, the signee, for himself or herself and such participating family members and any personal representatives, heirs, and next of kin **HEREBY AGREES TO THE FOLLOWING:**

THE SIGNEE, ON HIS OR HER BEHALF AND BEHALF OF SUCH FAMILY MEMBERS, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as “releasees”) from all liability to the signee or such family members and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the signee or such family members whether caused by the negligence of the releasees or otherwise while the signee or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

THE SIGNEE HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the signee or such family members in, upon or about the YMCA premises to in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

THE SIGNEE HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE to the signee or such family members due to negligence of releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participation in any program affiliated with the YMCA.

THE SIGNEE further expressly agrees that the foregoing **RELEASE, WAIVER, AND INDEMNITY AGREEMENT** is intended to be as broad and inclusive as is permitted by the law of the State and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE SIGNEE HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statement or inducement apart from the foregoing written agreement have been made.

OFFICE USE ONLY

ID # _____ Membership Code _____

Camp Torrington Winsted WYSB Canaan Employee

