



## YMCA OF GREATER HARTFORD FINANCIAL ASSISTANCE/FACILITY MEMBERSHIP/PROGRAM APPLICATION

### HOW TO APPLY AND WHAT TO EXPECT

**In order to apply for Financial Assistance, you must supply the YMCA with EITHER ONE DOCUMENT PER ADULT IN THE HOUSEHOLD FROM CATEGORY 1 OR TWO DOCUMENTS PER ADULT IN THE HOUSEHOLD FROM CATEGORY 2.**

Financial Assistance is Requested For: ☐ Membership ☐ Programs/Teams ☐ Child Care ☐ Camp ☐ Reverification

#### Category 1 (one document per adult in the household required)

- Most current federal tax return (first two pages of forms 1040 or 1040A. Self-employed individuals must include Schedule C).
- Medicaid Medical Award
- Government assistance (ex. SNAP, WIC, TFA, RAP, grants, loans, cash allowances, childcare assistance)
- Federal Public Housing Assistance (Section 8)

**OR**

#### Category 2 (two documents per adult in the household required)

##### **Proof of income for all adults in household regardless of their intent to join the Y:**

- One month of pay stubs
- W-2
- Social Security (SSI) or Social Security Disability Income (SSDI)
- Unemployment Statement
- Letter of termination from employer
- Two most recent bank statements
- Low Income Heating Assistance Program

#### **Proof of Dependent(s): Provide a minimum of 1 document of dependent(s) verification.**

- Free school lunch program letter
- Social Security Income (SSI) or Social Security Disability Income (SSDI). Benefit will be addressed to the parent, but the child's name will be listed on the document.
- Government assistance documentation listing household size
- Health insurance documentation
- Child Support Statement
- Report card from school with name of child and parent or legal guardian
- Transfer of parental rights notarized or legal documentation
- Legal custody agreement or a signed document on letterhead from a mediator
- Adopted or foster children documentation (foster child GA income should be included in total income)
- Letter from a Guardian ad Litem working with the family

**If there is no current income verification, zero income, negative income or no approved documentation of income, financial assistance may not be processed. The applicant may be requested to submit a letter of need in writing to the branch Executive Director.**

If you received temporary financial assistance, and do not submit your application within 30 days, your membership dues will revert to the full rate.

**Families applying for Camp or Childcare Financial Assistance are required to apply for Care4Kids. Go to [www.ctcare4kids.com](http://www.ctcare4kids.com)—print and complete the Care4Kids application and the Provider Agreement forms located on their website.**

**If Financial Assistance is awarded, families will be responsible for the remaining childcare/camp balance(s). Payments may be adjusted further after Care4Kids certificate of eligibility is received and/or if balance is not covered by Care4Kids or the YMCA Financial Assistance program.**

If qualified, financial assistance will be applied to membership, camp, and child care for all active members.

If you decline the scholarship and wish to cancel the enrollment in our program, please contact the YMCA in writing via email or mail the letter to the YMCA branch.

**To qualify for financial assistance, you must submit qualifying income verification.**



## YMCA OF GREATER HARTFORD FINANCIAL ASSISTANCE/FACILITY MEMBERSHIP APPLICATION

### **Camp Jewell YMCA**

Colebrook, CT 06021  
860 379 2782  
Camp.Jewell@ghymca.org

### **Camp Woodstock YMCA**

Woodstock Valley, CT 06282  
860 974 1336  
CWregistrar@ghymca.org

### **Camp Chase**

Burlington, CT 06013  
860 673 4321  
Camp.Chase@ghymca.org

### **East Hartford YMCA**

East Hartford, CT 06108  
860 289 6612  
EastHartford@ghymca.org

### **Downtown Hartford YMCA**

Hartford, CT 06103  
860 522 4183  
DowntownY@ghymca.org

### **Glastonbury YMCA**

Glastonbury, CT 06033  
860 633 6548  
Glastonbury@ghymca.org

### **Hale YMCA**

Putnam, CT 06260  
860 315 9622  
HaleY@ghymca.org

### **Farmington Valley YMCA**

Granby, CT 06035  
860 653 5524  
FarmingtonValleyY@ghymca.org

### **Indian Valley YMCA**

Ellington, CT 06029  
860 871 0008  
IndianValleyY@ghymca.org

### **Tri-Town YMCA**

Administrative Office  
Glastonbury, CT 06033  
860 633 6548  
TriTownY@ghymca.org

### **West Hartford YMCA**

Administrative Office  
Plainville, CT 06062  
860 793 9631  
WestHartfordY@ghymca.org

### **Wheeler YMCA**

Plainville, CT 06062  
860 793 9631  
WheelerY@ghymca.org

### **Wilson-Gray YMCA**

Hartford, CT 06120  
860 241 9622  
WilsonGrayY@ghymca.org



## YMCA OF GREATER HARTFORD FINANCIAL ASSISTANCE/FACILITY MEMBERSHIP

**Membership Type:** ☐ Family ☐ Adult ☐ Senior ☐ Young Adult ☐ Teen

If you received temporary financial assistance, and do not submit your application within 30 days, your membership dues will revert to the full rate.

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

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Rather Not Say ☐ Additional Identity \_\_\_\_\_

Race (optional): Asian/Pacific Islander African American/Black Alaskan Native Hispanic/Latino Native American Caucasian/White Other

*This information is optional and will never be shared with anyone. As a 501(C)(3) nonprofit charitable organization, this information is useful when applying for grants to support programs and services at the YMCA.*

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Job Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Second Adult Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Rather Not Say ☐ Additional Identity \_\_\_\_\_

Race (optional): Asian/Pacific Islander African American/Black Alaskan Native Hispanic/Latino Native American Caucasian/White Other

*This information is optional and will never be shared with anyone. As a 501(C)(3) nonprofit charitable organization, this information is useful when applying for grants to support programs and services at the YMCA.*

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Job Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

### Dependent Children:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Rather Not Say ☐ Additional Identity \_\_\_\_\_

Race (optional): Asian/Pacific Islander African American/Black Alaskan Native Hispanic/Latino Native American Caucasian/White Other

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Rather Not Say ☐ Additional Identity \_\_\_\_\_

Race (optional): Asian/Pacific Islander African American/Black Alaskan Native Hispanic/Latino Native American Caucasian/White Other

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Rather Not Say ☐ Additional Identity \_\_\_\_\_

Race (optional): Asian/Pacific Islander African American/Black Alaskan Native Hispanic/Latino Native American Caucasian/White Other

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Rather Not Say ☐ Additional Identity \_\_\_\_\_

Race (optional): Asian/Pacific Islander African American/Black Alaskan Native Hispanic/Latino Native American Caucasian/White Other

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Rather Not Say ☐ Additional Identity \_\_\_\_\_

Race (optional): Asian/Pacific Islander African American/Black Alaskan Native Hispanic/Latino Native American Caucasian/White Other

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Rather Not Say ☐ Additional Identity \_\_\_\_\_

Race (optional): Asian/Pacific Islander African American/Black Alaskan Native Hispanic/Latino Native American Caucasian/White Other

*YMCA of Greater Hartford Staff to Complete this Section*

Member Account Number \_\_\_\_\_ Branch \_\_\_\_\_

Percent of Subsidy \_\_\_\_\_ Begin Date \_\_\_\_\_ Exp. Date \_\_\_\_\_

Approved By \_\_\_\_\_ Date Entered \_\_\_\_\_



**YMCA OF GREATER HARTFORD**  
**FINANCIAL ASSISTANCE/FACILITY MEMBERSHIP APPLICATION**

# MEMBERSHIP PAYMENT AUTHORIZATION

## A TERMS AND CONDITIONS

The YMCA of Greater Hartford reserves the right to revoke membership privileges of any person who abuses or misuses any of the equipment or facilities located on its premises or who engages in conduct, which is abusive, illegal, disruptive or poses a threat to the safety of others.

## B NOTICE TO ANNUAL PAY MEMBERS

I/we realize the YMCA Board of Directors may periodically institute dues increases in which I/we will be notified about in my renewal letter before my expiration date. It is my/our complete understanding that I/we can cancel our membership at any time. The cancellation process can be completed using the same method used to enroll. No additional fees will apply to cancellations. The administrative processing time for cancellations is 5 days. In order to receive a refund of the unused portion of my/our membership fees, membership cancellations will be accepted through email, in person or website by completing the Membership Cancellation Form. It is understood that if I/we wish to terminate my/our annual membership, we must return all YMCA membership key tag(s) if issued. I, the undersigned, have read, understand and agree to the above.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Verification \_\_\_\_\_ Date \_\_\_\_\_

## C NOTICE TO MONTHLY DRAFT PAY MEMBERS

It is my/our complete understanding that if I/we wish to terminate or change my/our membership in any way, I/we must return our YMCA membership key tag(s) if issued. It is my/our complete understanding that I/we can cancel our membership at any time. The cancellation process can be completed using the same method used to enroll. No additional fees will apply to cancellations. Membership cancellations will be accepted through email, in person or website by completing the Membership Cancellation Form. The administrative processing time for cancellations is 5 days. I/we understand that paying under the monthly draft plan I/we am subject to dues increases periodically by the Board of Directors and may adjust the monthly rate applicable to my/our membership category. I/we will be notified 30 days in advance. I/we understand that my/our membership will be renewed on a continual basis unless notified by myself to terminate the membership. Should any pre-authorized check/charge for my/our monthly draft not be honored by my/our financial institution when received by them, then it is understood that the payment is to be made by me in the amount of said payment, and I realize that I am responsible for that payment plus a service charge (contact branch for current fees). This service charge does not include possible fees imposed by my financial institution. I/we understand that if two monthly drafts are rejected my membership will be cancelled. I, the undersigned, have read, understand and agree to the above.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Verification \_\_\_\_\_ Date \_\_\_\_\_

## D ELECTRONIC FUNDS TRANSFER (EFT) OR CREDIT CARD AUTHORIZATION

I authorize the YMCA of Greater Hartford to debit my account as indicated below on a monthly basis. Should any preauthorize EFT or credit card payment not be honored by my financial institution, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by my financial institution, then the YMCA, at its discretion, may resubmit the amount due for payment on a future date.

### ☐ I choose to utilize the EFT option for my monthly draft payment.

Financial Institution Name & Address \_\_\_\_\_

Name on Account \_\_\_\_\_ ☐ Checking Account ☐ Savings Account

Routing/Transit Number (9 digits) \_\_\_\_\_ Accounting Number (last four digits only) \_\_\_\_\_

I/we agree that the monthly amount debited will be \$\_\_\_\_\_ and will draft on the 1st of each month.

My/our first draft will begin on \_\_\_\_\_(date).

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

### ☐ I choose to utilize the credit card payment option for my monthly draft payment.

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Holder Name \_\_\_\_\_ Account Number XXXX-XXXX-XXXX \_\_\_\_\_ Exp. \_\_\_\_\_

☐ I/we agree that the monthly amount debited will be \$\_\_\_\_\_ and will draft on the 1st of each month.

My/our first draft will begin on \_\_\_\_\_(date).

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_



## YMCA OF GREATER HARTFORD

### FINANCIAL ASSISTANCE/FACILITY MEMBERSHIP APPLICATION

#### Use of Third Party Vendor for Payment and Collection

**It is my/our complete understanding that YMCA of Greater Hartford uses a third-party vendor to collect payments from members and to collect unpaid amounts or fees, including but not limited to the resubmission of any returned checks or dishonored payments. I/we agree and consent to the YMCA of Greater Hartford providing the personal information in this membership application to the third-party vendor in connection with the payment of any amount due under this membership application or the collection of any unpaid amounts or fees, including collection fees.**

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Verification \_\_\_\_\_ Date \_\_\_\_\_

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#### E YMCA of Greater Hartford Staff to Complete this Section

Member Account Number \_\_\_\_\_ Branch \_\_\_\_\_

Membership Type \_\_\_\_\_ Initial Amount Paid \_\_\_\_\_

☐ Key Tag Given ☐ Photo Taken ☐ Raptor Screen ☐ Financial Aid Level \_\_\_\_\_ ☐ Expiration \_\_\_\_\_

Date Entered \_\_\_\_\_ Member Services Rep. \_\_\_\_\_

# Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your partnership in the YMCA of Greater Hartford (YMCA) Programs, now or at any time in the future.**

## Acknowledgment of Risk

I hereby acknowledge and agree that participation in any YMCA activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with any YMCA participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with YMCA participation and that said list in no way limits the operation of this Agreement.

## Coronavirus / COVID-19 Warning & Disclaimer

Initial

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YMCA programs or accessing YMCA facilities could increase the risk of contracting COVID-19.** The YMCA in no way warrants that COVID-19 infection will not occur through participation in YMCA programs or accessing YMCA facilities.

## Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation in YMCA programs, I,

Initial

\_\_\_\_\_, the undersigned participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators and assigns, HEREBY DO RELEASE the YMCA of Greater Hartford, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against YMCA of Greater Hartford on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of the YMCA of Greater Hartford facilities/equipment or participation in YMCA of Greater Hartford programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of my participation in any YMCA program, I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my participation.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating and that by signing this agreement I HEREBY RELEASE Releasees from all liability for such loss, damage, or death.

I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation.

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 further certify that I am therefore of lawful age and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

IN WITNESS WHEREOF, this instrument is duly executed this day \_\_\_\_/\_\_\_\_/\_\_\_\_.  
mm/dd/yyyy

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Participant Name (print Clearly)

**PHOTO/TALENT RELEASE →**

I hereby irrevocably release, consent and allow the YMCA and its agents to use my photograph, likeness, voice, and any narrative account of my experience (which may include personal and identifiable information), as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement for its use.

\_\_\_\_\_  
**My initials here revoke  
photo/talent release**  
\* \* \* \* \*

**Minor Participant Waiver, Release, Indemnification  
of All Claims & Covenant Not to Sue**

**This Minor Waiver incorporates the same language from above for the  
Acknowledgment of Risk, COVID-19 Warning & Disclaimer, and Waiver, Release,  
Indemnification & Covenant Not to Sue**

I, in my legal capacity as the parent/guardian of the minor(s) named below, do hereby acknowledge and agree that participation in YMCA activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with any YMCA participation. Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. The YMCA in no way warrants that COVID-19 infection will not occur through participation in YMCA programs or accessing YMCA facilities.

In consideration of the minor(s) named below participation in YMCA programs, I, \_\_\_\_\_, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrator, and assigns, HEREBY DO RELEASE YMCA's employees, volunteers, agents, representatives and insurers ("Releasees") from any cause of action, claims, or demands, of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the names minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of YMCA facilities/equipment or participation in YMCA Hartford Programs.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

Member ID \_\_\_\_\_