



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—print and complete the Care4Kids application and the Provider Agreement forms located on their website.

Families will be responsible for 50% of childcare/camp payments upon enrollment. 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 _____

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.

Initial

Coronavirus / COVID-19 Warning & Disclaimer

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.

Initial

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation in YMCA programs, I, _____, 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.

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 / v

Participant Signature _____

Participant Name (Print Clearly) _____

My initials
here revoke
photo/talent
release.

PHOTO/TALENT RELEASE

I hereby irrevocably release, consent and allow the YMCA and its agents to use my photograph, likeness, voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement for its use.

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 _____