Membership Application
"Yes We Can" Community Center

Please check one. You will be required to provide documentation to prove residency.

Resident			**Proof of Residency:**
Individual	____ **12 months/ $150**	____ **1 month/ $12.50**	Valid NYS drivers license
Young Adult (18-24)	____ **12 months/ $120**	____ **1 month/ $10**	2 current utility bills
Senior/Disabled/Veteran	____ **12 months/ $120**	____ **1 month/ $10**	*(less than 3 months old)*
Youth (5-17)	____ **12 months/ $30**	____ **1 month/ $2.50**	Birth certificates for all children
Non-Resident			Non Residents are requred to
Individual	____ **12 months/ $300**	____ **1 month/ $25**	a valid NYS drivers license.
Young Adult (18-24)	____ **12 months/ $300**	____ **1 month/ $25**	
Senior/Disabled/Veteran	____ **12 months/ $180**	____ **1 month/ $15**	
Youth (5-17)	____ **12 months/ $120**	____ **1 month/ $10**	

Member Information

First Name:	Last Name:	Gender:
DOB:____/_____/_____	Email Address:	Ethnicity:
Home Phone:	Cell Phone:	Age:
Street Address:		Resident Status: Resident or Non- Resident
City:	State:	Zip:
Emergency Contact: Relationship:	Phone:	

Parent/Guardian Information
(If applicable, for members under the age of 16 years)

Parent/Guardian Name:	Relationship:	
Email Address:		
Home Phone:	Cell Phone:	Work Phone:
Street:		
City:	State:	Zip:

Conditions of Membership

Proof of Residency: A valid New York State drivers license or identification card required. For youth members, proof of age for all children must be provided. Please note a membership at Yes We Can is required for all program enrollment.

Entry: Membership cards must be valid and must be scanned at the Front Desk before entering the facility. New cards are issued when enrolling in a new membership package. A $5.00 fee will be charged to re-issue membership cards.

141 Garden Street,
Westbury, NY, 11590
516-876-4430

Program and Fees: Session fees may apply to instructor-led or specialty programs. Session schedules and rates are subject to change; when possible, advance notice of changes will be provided. Unauthorized personal training or unapproved classes are strictly prohibited.
Valid membership is required to register and participate in all programs and activities.

Facility Maintenance and Upgrades: The Town of North Hempstead attempts to keep its community centers open to the public as much as possible, but it may be necessary to close a portion or all of a facility for repair and restoration. Staff will make reasonable efforts to allow members access to alternative areas during necessary upgrades and or maintenance of facilities.

Personal Belongings: Personal belongings should be locked in the lockers provided. Bicycles must be locked on the bike rack. Valuables should not be brought to the Center. Items left overnight will be removed.
The Town of North Hempstead is not responsible for lost or stolen property.

Physical Activity: Members must be in athletic attire and footwear to exercise or participate in fitness or sports activities. Members must be 16 or older to use the fitness equipment. If unsure how to operate any of the fitness equipment, please consult a staff member. Consult your physician before commencing any programs or activities provided by the Town of North Hempstead. Follow the directions carefully and participate at your own pace. If you feel a strain, stop and consult your physician.

Food and Beverages: Food is not permitted anywhere other than the concession area. Water is permitted in plastic bottles only. No glass bottles are permitted at any time.

Behavior/Drug Policy/Membership Suspension and Termination: All members are expected to exhibit good sportsmanship in all activities that they participate in. No drugs, alcohol, smoking, gambling, weapons, violence, profanity, or other inappropriate behavior or violations of rules and regulations is permitted.
Members must comply with all posted rules; all Town, County, State and Federal rules or regulations; Parks policies; and staff instructions. Failure to do so may result in temporary removal from the center, suspension, or termination of membership.

Safety Agreement: Due to the COVID-19 (coronavirus) pandemic, the Town of North Hempstead/Yes We Can Community Center (TONH/YWC) must adhere to the New York State Department of Health (DOH), Center for Disease Control and Prevention (CDC), United States Department of Labor, Occupational Safety and Health Administration (OSHA), and Environmental Protection Agency (EPA) standards for responsible child care programs. By signing this Agreement, such person acknowledges that he or she has freely consented to adhere by TONH/ YWC safety restrictions and has signed this Release of his or her own free will. If the person named below is under age 16, a parent or guardian of such person must sign on such person's behalf. Members will be adminstered daily tempature checks upon entering the building. Any member with a tempature of 100°F or higher will not be premitted to enter YWC. Mask are required at all times while in the building

Management reserves the right to amend the conditions of the membership without prior notice.

I hereby acknowledge that I have, or my child has, read and understood these Conditions of Membership.

Member Signature:

Parent/Legal Guardian signature (if member is under 16 years old)

Member/ Parent/ Legal Guardian Print Name: **Date:**

MEMBERSHIP & PROGRAM FEES ARE NON-REFUNDABLE AND NON-TRANSFERRABLE

STANDARD RELEASE FORM

From time to time, the Town of North Hempstead/Yes We Can Community Center (TONH/YWC) takes pictures or records videos of members and non-members participating in TONH/YWC programs, using its facilities, or attending one of its special events. Additionally, TONH/YWC may permit members of the media (the "Media") to take such pictures or record such videos in order to promote TONH/YWC's mission and for other journalistic purposes.

The individual person named below is signing this Release for the purposes of allowing TONH/YWC and the Media to use one or more such photographs, video recordings, and/or sound recordings (collectively, "Recordings") of such person for any purpose consistent with TONH/YWC's mission, which includes, but is not limited to, TONH/YWC or the Media publishing such Recordings in newspapers, web sites, and other print or electronic publications, on television, or on the radio. By signing this Release, such person acknowledges that he or she has freely consented to be photographed, filmed, or otherwise recorded and has signed this Release of his or her own free will. If the person named below is under age 16, a parent or guardian of such person must sign on such person's behalf.

1. I agree that I/my child am willing to be photographed, filmed, or otherwise recorded by YWC, its contractors, and the Media, either individually or as part of a group "Recordings", which may include my image, likeness, and/or voice. I further agree that my name may be used to identify me as a subject of any "Recordings" featuring my image, likeness, and/or voice.

2. I understand that YWC will own all rights in the "Recordings" of me that YWC or an YWC contractor takes or records ("YWC Recordings"), and that YWC will have the exclusive right to use, or allow others to use, such YWC Recordings in any medium for any purpose consistent with YWC's mission as determined by YWC.

3. I understand that the Media will own all rights in the "Recordings" of me/my child that the Media takes or records ("Media Recordings"), and that the Media will have the exclusive right to use, or allow others to use, such Media Recordings in any medium for any lawful purpose.

4. I understand that I am waiving any and all rights that may preclude YWC's or the Media's use of the Recordings as described above.

5. I acknowledge that neither YWC nor the Media has any obligation to use any Recordings of me or to use such Recordings for any particular purpose.

6. I understand that I will receive no monetary payment or other compensation in exchange for the rights to use Recordings of me.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Child's Name: _____ Date: _____ Phone: (_____) _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____