



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# MEMBERSHIP APPLICATION

YMCA of Greater Bergen County

Date \_\_\_\_\_ Member ID # \_\_\_\_\_

Are you or anyone else in your household a member/former member of this YMCA?  Yes  No

### TYPE of MEMBERSHIP

Family  Adult  Senior  Young Adult  Teen  Youth / Preschool  Program Participant

For security reasons, everyone 18 years and older must present ID when applying for a Y membership.

**Please fill out all spaces legibly.**

Primary Adult: \_\_\_\_\_  
First MI Last

Birth date: \_\_\_/\_\_\_/\_\_\_ Gender: M / F

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

### EMERGENCY CONTACT

Home Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

### List Family Members (Spouse/Partner and dependants only)

#	Name: First, Last	Gender	Relationship	Date of Birth	Age
1.		M / F			
2.		M / F			
3.		M / F			
4.		M / F			
5.		M / F			



### Code of Conduct

The YMCA is committed to providing a safe and welcoming environment for all members and guests. To promote safety and comfort for all we ask individuals to conduct themselves in a manner consistent with the character, welfare, best interests and policies of the YMCA of Greater Bergen County. Failure to do so will result in the immediate dismissal from the premises and may result in revocation of membership and/or usage privileges.

**How did you hear about us?** \_\_\_\_\_

Please complete the following optional-confidential information to better help us serve the community and fulfill our National YMCA reporting requirements. **(Optional Section)**

Languages you speak fluently? \_\_\_\_\_

Household Income:  below \$30,000  \$30,001-\$50,000  \$50,001-\$70,000  \$70,001 +

Ethnicity:  Afro-American  Asian  Caucasian  Native American  Western Indian  
 Multi-Racial  Other: \_\_\_\_\_

What type of activities are you interested in at the Y? \_\_\_\_\_

**PROMOTION DISCLOSURE**

I understand that by utilizing the YMCA facilities and programs I and any and all family members give the YMCA permission to use pictures taken of myself and other family members to be used by the YMCA of Greater Bergen County for promotion and advertising purposes.

**YMCA OF GREATER BERGEN COUNTY GENERAL LIABILITY RELEASE AND WAIVER OF CLAIMS**

The member has no medical condition that would prevent him/her from participating in activities of the YMCA. It is the responsibility of the Member or the Member's parent or guardian to ascertain that he/she is physically and medically able to participate in the activities in which he/she may choose to engage. The member further authorizes the YMCA to administer first aid in the event of an emergency and to obtain emergency medical care for the Member should same be necessary.

In consideration of the grant of membership by the YMCA and access to the programs and facilities of the YMCA, the Member hereby agrees to release, absolve, indemnify and hold harmless the YMCA of Greater Bergen County, its staff, employees, volunteers, supervisors, instructors and any other representative, together with their agents, representatives or assigns (collectively the "Released Parties") from any and all claims, liabilities or lawsuits for any bodily injury suffered by him/her, including death, for any loss due to theft of or damage to the Members' personal property, or for any other consequential or incidental damages caused in any manner whatsoever where any such claim, liability or lawsuit is attributable to the negligence or absence of ordinary care of the Released Parties.

The member expressly waives any claims arising from the above that may be brought at any time by the Member, his/her family, estate heirs or assigns, and assumes all risks and hazards attendant to the use of the facilities, use of the equipment, or participation in program events or instructional classes.

I have read this general liability release and waiver of claims. I understand this document and that I am waiving my rights to make claims against the Released Parties. I sign it freely and voluntarily as consideration for Membership.

Date: \_\_\_\_\_ Signature of Applicant / Parent: \_\_\_\_\_

Signature of other Adult: \_\_\_\_\_

Name of children in programs: \_\_\_\_\_

**OFFICE USE ONLY**

Application Signed by Member:  Yes  No

ID Scanned:  Yes  No

Membership Type: \_\_\_\_\_

Membership Representative Signature: \_\_\_\_\_

YMCA Staff  YMCA Volunteer

Director Signature for Staff / Volunteer

**YMCA of Greater Bergen County**

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