

Senior Fitness Program Registration Form 2021

The YWCA runs fitness programs onsite in Bergen County Senior Activity Centers.
All classes are made available FREE of charge to all Bergen County residents age 60 and up through the
Bergen County Division of Senior Services and other YWCA donors.
The following information is required for participation in the program.

Intake date: _____

Participants First Name: _____ Last Name: _____

Participant's Address: _____

Email: _____ Cell Phone: _____

Gender Female Male Other: _____ Date of Birth _____ Age _____

Demographic Information:

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Race:

White

American Indian/ Eskimo/Aleut

Multi-Racial

Black

Hawaiian/ Pacific Islander

Status – check

Asian

Hispanic

all that apply

Income Status – Is your monthly income is below poverty level?

Yes

No

Emergency Contact

Name _____ Relationship _____

Cell _____

YWCA office use only

Session: _____ Class: _____

Date of assessment? _____ Date program handbook received? _____

Date entered in SAMS: _____

COMMENTS



Permissions and Waiver

YES, you have permission to use my photo/video in YWCA Northern New Jersey communications, marketing and public relations. I understand that the photos/videos may be used in print, video, digital media, presentations, public relations materials, and social media. I also understand that I will not be compensated for the use of such photos/videos.

No, you do not have my permission.

YES, the person named on this contract is in good health and is able to fully participate in all activities offered at the YWCA program. In an emergency, when either I or the emergency contact above cannot be reached, I hereby give permission for the YWCA to take any action deemed necessary.

Yes, I have read, fully understand and accept this release, hold harmless and waiver. I agree to release and hold harmless YWCA Northern New Jersey and all of its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors or assigns from any all claims or causes of action. I, further agree to give up or waive any right that you may otherwise have to bring claims or causes of action, including for negligence where not prohibited by law, against YWCA Northern New Jersey or any of its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors or assigns for personal injury, including death, or loss of or damage to property.

Name _____ Program Site: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____ Email: _____

Signature _____ Date _____