

## Registration Form 2021

The YWCA NNJ runs virtual and in person fitness programs for all Bergen County residents age 60 and up  
Classes are FREE thanks to Bergen County Division of Senior Services and YWCA donors.

The following information is required for participation in the program- PLEASE PRINT.

Participants First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Participant's Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

1. Do you participate in virtual classes?  Yes  No

2. Do you attend a Senior Center?  Yes  No

- Midland Park
- Garfield
- East Rutherford
- Bergenfield
- Ridgefield Park
- Elmwood Park
- Hackensack

### Demographic Information:

Gender  Female  Male  Transgender  Intersex  Other  
Sexual Orientation (optional)  Heterosexual/Straight  Lesbian/Gay  Bisexual  Unsure  
 If not listed above, please specify \_\_\_\_\_

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino  
 White  Black  Asian  American Indian/ Eskimo/Aleut  Hawaiian/Pacific Islander  
 Hispanic  Multi Racial (check all that apply)

Income  
 \$ 0 - \$1,073 a month (1-person, FPL)  \$ 0 - \$1,452 a month (2-persons, FPL)  
 \$1,074. - \$2,754 a month (1-person, Elder Index)  \$1,453. - \$3,622 a month (2-persons, Elder Index)  
 \$2,755 a month or above (1-person)  \$3,623 a month or above (2-persons)

### Emergency Contact

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

## 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.

### PLEASE PRINT

Name \_\_\_\_\_ Program: Senior Wellness Program  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_