

YWCA Senior Wellness Program Registration Form 2022

The YWCA NNJ runs a variety of programs for all Bergen County residents age 60 and up
Please see www.ywcannj.org/seniors for more information

Classes are FREE thanks to funding from 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. Are you interested in virtual fitness classes? Yes No
2. Are you interested in Senior Mental Health Support Group? Yes No
3. Are you interested in Friendship Friday's programs? Yes No
4. Are you interested in virtual Senior Wellness Socialization programs? Yes No
5. Are you interested in YWCA classes at a local senior center Yes No
6. Which center do you attend?
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 _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____ Email: _____

Signature _____ Date _____

**YWCA IS ON
A MISSION**
eliminating racism
empowering women