COMMUNITY CAMPUS MEMBERSHIP APPLICATION

ADULT I

Mr./Mrs./Ms./Miss/Dr/ (please circle)

Name:_____ Birth Date:_____

Address: _____City: _____State:_____Zip:_____

Home Phone:_____Cell Phone:_____Email:_____

I have received the Wellness Readiness Self Assessment ❒ yes ❒ no

ADULT II

Mr./Mrs./Ms./Miss/Dr/ (please circle)

Name:_____ Birth Date:_____

Cell Phone:_____Email:_____

I have received the Wellness Readiness Self Assessment ❒ yes ❒ no

ADULT III

Mr./Mrs./Ms./Miss/Dr/ (please circle)

Name:_____ Birth Date:_____

Cell Phone:_____Email:_____

I have received the Wellness Readiness Self Assessment ❒ yes ❒ no

CHILDREN/DEPENDENT INFORMATION

(tax return required for dependents 65+)

Name:_____ ❒ MALE ❒ FEMALE Birth date: _____

Name:_____ ❒ MALE ❒ FEMALE Birth date: _____

Name:_____ ❒ MALE ❒ FEMALE Birth date: _____

Name:_____ ❒ MALE ❒ FEMALE Birth date: _____

Name:_____ ❒ MALE ❒ FEMALE Birth date: _____

EMERGENCY CONTACTS

Name:_____Phone:_____ Relationship:_____

Name:_____Phone:_____ Relationship:_____

(members are responsible to update this emergency information to keep it current – simply stop at our welcome desk)

RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Metuchen Edison Woodbridge and South Amboy (hereafter "YMCA") for any purpose, or the JCC of Middlesex County (hereafter "JCC")including but not limited to observation of use of facilities or equipment or participation in any program affiliated with the YMCA/ JCC without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider each premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA/JCC for observation or use of any facilities or equipment or participating in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation. The YMCA/JCC prohibits membership by persons required to register in New Jersey Sex Offender program. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA/JCC FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA/JCC, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE THE YMCA/JCC, it's directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA/JCC, without respect to location. _____ (initial)

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA/JCC premises or in any way observing or using any facilities or equipment of the YMCA/JCC or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise. _____ (initial)

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA/JCC and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA/JCC. _____ (initial)

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Jersey and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. _____ (initial)

THE UNDERSIGNED HAS READ, VOLUNTARILY SIGNED AND INITIATED THE RELEASE AND WAIVER OF LIABILTY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE:

_____ _____
Date Participant's Signature

I HAVE READ THIS RELEASE:

_____ _____
Date Participant's Signature

I HAVE READ THIS RELEASE:

_____ _____
Date Participant's Signature

I HAVE READ THIS RELEASE:

_____ _____
Date Participant's Signature

Under 18 ...Signature of Parent/Guardian required: _____ _____
Date Parent's Signature

I hereby permit, consent and authorize photographs, videotapes and audio recordings made of me while at the YMCA/JCC as an individual or part of a group, with or without text in YMCA or JCC publications. I understand that if I do not want my photograph taken or used by the YMCA/JCC I must notify the YMCA/JCC Director in writing. _____ (initial)

MEMBER'S NAME: _____

I/we hereby apply for membership at the YMCA/JCC and its facilities and agree to abide by all regulations of the center. Falsification of any part of this application will result in the loss of my/our membership and forfeiture of all monies paid. Proof of residency, age, employment, and college enrollment is required at the discretion of YMCA/JCC management.

Office Use Only

❒ Young Adult (18-29)	❒ Teen (9-12 Grade)	❒ Child (0-Kindergarten)	❒ Senior Adult	❒ 2 Adult Household
❒ Adult (30-64)	❒ Adult 3 month	❒ Youth (1-8 Grade)	❒ Senior Couple	❒ LAF
❒ Family 1 Adult	❒ Family 3 month (1 Adult)	❒ Adult Program	❒ Visiting 1 month	❒ Youth Basketball
❒ Family 2 Adults	❒ Family 3 month (2 Adults)	❒ Senior Social	❒ Visiting 2 months	❒ OTHER_____
❒ Family 3 Adults	❒ Family 3 month (3 Adults)	❒ BCBS	❒ Visiting 3 months	

MEMBER #_____ MAG CARD #_____ ❒ CASH ❒ CHECK #_____ ❒ CREDIT CARD

STAFF MEMBER_____ Date _____