



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SOUTH AMBOY YMCA APPLICATION

MEMBER

GUEST

RECIPROCITY

Name of YMCA: _____

How did you hear about us?

Friend/Family Place of employment Newspaper Magazine Email Living in area Direct mail Yellow Pages
 Member Former member Radio Television

ADULT I

Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Male Female

Email: _____ Membership Card #: _____

I have received the Wellness Readiness Self Assessment Yes No

ADULT II

Name: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Male Female

Email: _____ Membership Card #: _____

I have received the Wellness Readiness Self Assessment Yes No

CHILDREN/DEPENDENT INFORMATION

Name: _____ Male Female Birth Date _____
Membership Card #: _____

Name: _____ Male Female Birth Date _____
Membership Card #: _____

Name: _____ Male Female Birth Date _____
Membership Card #: _____

Name: _____ Male Female Birth Date _____
Membership Card #: _____

EMERGENCY CONTACT

Name: _____ **Phone:** _____ **Relationship:** _____

(Members are responsible to update their information. Stop by the Member Service 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, including but not limited to observations of use of facilities or equipment or participation in any program affiliated with the YMCA 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 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 prohibits membership by persons, required to register to New Jersey Sex Offender program.

All still and video photography taken by YMCA staff or agents for the expressed purpose of marketing the YMCA, its programs, or membership is property of the YMCA. _____ (initial)

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN A PROGRAM AFFILIATED WITH THE YMCA WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE THE YMCA, 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 participation in any program affiliated with the YMCA, 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 premises or in any way observing or using any facilities or equipment of the YMCA 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 release or otherwise while in, about, or upon the premise of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA. _____ (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 is 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, VOLUNTARY SIGNED AND INITIATED THE RELEASE AND WAIVER OF LIABILITY 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:

I HAVE READ THIS RELEASE:

Date Participant's/Parent's/Guardian's Signature

Date Participant's/Parent's/Guardian's Signature

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

The YMCA does not give credit or refunds if members choose not to use the facility. Membership extensions are granted at the discretion of management with proper medical documentation from a physician. There is a \$25.00 service charge for refund checks. Credit card draft accounts must be cancelled by submitting a NOTICE OF CANCELLATION FORM to the Member Services Desk. I understand that if my membership lapses for more than 45 days I will be required to pay the Joiner's Fee. _____ (initial)

MEMBER'S NAME: _____

I/We hereby apply for membership at the YMCA and its facilities and agree to abide by all regulations of the center. Falsification of any part of this applicant 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 management.

Office Use Only

- Program Child
- Pre-Teen (9-12)
- Teen (13-17)
- 7TH Grade Strong Kids
- Adult (30-64)
- Young Adult (18-29)
- BCBS (HORIZON)
- LAF
- 2 Adult Couple
- 1Parent Family
- Family
- Senior (65+)
- Senior Couple (Age 65+)

Cash _____ Check# _____ Credit Card _____ Amount Paid \$ _____

Staff _____ Date _____

SOUTH AMBOY YMCA

200 John T O'Leary Blvd, South Amboy, NJ 08879
P 732-553-9622 F 732-316-8215