



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**METUCHEN YMCA**  
65 High Street, Metuchen, NJ 08840  
P 732-548-2044

## METUCHEN YMCA APPLICATION

**MEMBER**

**GUEST**

**NATIONWIDE**

Name of YMCA: \_\_\_\_\_

### How did you hear about us?

Friend/Family    Place of employment    Newspaper    Magazine    Email    Driving by facility    Direct mail/Postcard  
 Member    Former member    Radio    Television    Social Media    Medical referral    Website

### ADULT I

Are you a Military Caregiver?  Yes    No

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  Male    Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ **Email:** \_\_\_\_\_

Barcode Number: \_\_\_\_\_ Verified Photo ID  Employer's Name: \_\_\_\_\_

Race: \_\_\_\_\_ I have completed the Physical Activity Readiness Questionnaire  Yes    No

### ADULT II

Are you a Military Caregiver?  Yes    No

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  Male    Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ **Email:** \_\_\_\_\_

Barcode Number: \_\_\_\_\_ Verified Photo ID  Employer's Name: \_\_\_\_\_

Race: \_\_\_\_\_ I have completed the Physical Activity Readiness Questionnaire  Yes    No

### ADULT III

Are you a Military Caregiver?  Yes    No

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  Male    Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ **Email:** \_\_\_\_\_

Barcode Number: \_\_\_\_\_ Verified Photo ID  Employer's Name: \_\_\_\_\_

Race: \_\_\_\_\_ I have completed the Physical Activity Readiness Questionnaire  Yes    No

### CHILDREN/DEPENDENT INFORMATION (tax return required for dependents 65+)

Name: \_\_\_\_\_  Male    Female   Birth Date \_\_\_\_\_

Barcode Number: \_\_\_\_\_ Race: \_\_\_\_\_

Name: \_\_\_\_\_  Male    Female   Birth Date \_\_\_\_\_

Barcode Number: \_\_\_\_\_ Race: \_\_\_\_\_

Name: \_\_\_\_\_  Male    Female   Birth Date \_\_\_\_\_

Barcode Number: \_\_\_\_\_ Race: \_\_\_\_\_

Name: \_\_\_\_\_  Male    Female   Birth Date \_\_\_\_\_

Barcode Number: \_\_\_\_\_ Race: \_\_\_\_\_

### EMERGENCY CONTACT

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

(Members are responsible to update their information to keep it current-simply stop by the Welcome Center.)

**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.

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

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 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, 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 Signature

Date Parent's/Guardian's Signature (if participant is legally a minor)

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) 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)

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 Welcome Center. I understand that if my membership lapses for more than 1 year I will be required to pay the Joiner's Fee. (initial)

Membership may be suspended or terminated at the discretion of the staff. (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  Young Adult (18-29)  Family  BCBS (Horizon)  Other
- Pre-Teen (10-12)  Adult (30-64)  3 Adult Family  LIVESTRONG
- 7th Grade Strong Kids  2 Adult Couple  Senior (65+)  Hidden Heroes  Reset.Regroup.Renew
- Teen (13-17)  1 Adult Family  Senior Couple (65+)  Staff  Nationwide

Member ID # \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Credit Card \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

Staff \_\_\_\_\_ Date \_\_\_\_\_  Took a tour