



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**OFFICE USE ONLY**

Member ID \_\_\_\_\_

Membership \_\_\_\_\_

**THE GATEWAY FAMILY YMCA**

Elizabeth Branch/YDB     Five Points Branch     Rahway Branch     Wellness Center Branch/WISE

**PRIMARY MEMBER INFORMATION**

Member Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender:  M  F

Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ethnicity:  American Indian/Alaskan Native     Asian     African-American     Hispanic/Latino

Middle Eastern/Northern African     Native Hawaiian/Pacific Islander     White     Two or more ethnicities     Unknown

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Where did you hear about the Y? (please check all that apply)

Word of mouth/Referral     Y website     Social Media/Online Type \_\_\_\_\_     Mailer: Brochure/Post Card     AD     Drive by

**TYPE OF MEMBERSHIP** (Please check one)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Youth (11 and under)       | <input type="checkbox"/> Adult Couple (2 adults in household)       | <input type="checkbox"/> Single Parent (1 adult, children through 26 living in household) |
| <input type="checkbox"/> Youth Basic (17 and under) | <input type="checkbox"/> Senior (65 and over)                       | <input type="checkbox"/> Family (2 adults, children through 26 living in household)       |
| <input type="checkbox"/> Teen (12-19)               | <input type="checkbox"/> Senior Couple (2 adults, 65+ in household) | <input type="checkbox"/> Family (3 adults, children through 26 living in household)       |
| <input type="checkbox"/> Young Adult (20-29)        | <input type="checkbox"/> Insurance (SilverSneakers/Renew Active)    | <input type="checkbox"/> Family (4 adults, children through 26 living in household)       |
| <input type="checkbox"/> Adult (30-64)              | <input type="checkbox"/> Virtual Only                               | <input type="checkbox"/> Community Membership   |
|   |   | <input type="checkbox"/> Resident (Elizabeth only)  |

**FAMILY MEMBERSHIP INFORMATION**

Second Adult: First \_\_\_\_\_ Last \_\_\_\_\_ Gender  M  F D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

**ADDITIONAL CHILDREN/ADULTS:**

First \_\_\_\_\_ Last \_\_\_\_\_ Gender  M  F D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_ Gender  M  F D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_ Gender  M  F D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_

Full Annual Payment     +Community Impact - Add 20% Monthly Donation to Any Membership

Bank Draft/Credit Card Draft

Please read and sign Bank/Credit Draft Authorization Form. Provide a blank voided check (for bank draft).

Please note draft is continuous until 30 days from written termination request.

\*\*\*ALL MEMBERSHIPS ARE NON-TRANSFERABLE AND NON-REFUNDABLE. MEMBERSHIP CARDS MUST BE PRESENTED FOR ADMISSION INTO FACILITY.

I AGREE THAT THE YMCA SHALL NOT BE RESPONSIBLE FOR ANY PERSONAL INJURIES OR LOSSES SUSTAINED BY ME OR MY FAMILY ON ANY YMCA PREMISES, OR AS A RESULT OF ANY YMCA SPONSORED ACTIVITIES. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS THE YMCA FROM ANY CLAIMS OR DEMANDS ARISING OUT OF ANY SUCH INJURIES OR LOSSES.

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 GATEWAY FAMILY YMCA HAS PERMISSION TO USE PHOTOS/VIDEOS OF ME AND/OR MY FAMILY FOR ANY YMCA PROMOTIONAL MATERIAL OR MEDIA USE. I AGREE TO ABIDE BY THE YMCA CODE OF CONDUCT.

I UNDERSTAND AND ACCEPT THAT THE YMCA CONDUCTS REGULAR SEX OFFENDER SCREENINGS ON ALL MEMBERS, PARTICIPANTS, AND GUESTS. IF A SEX OFFENDER MATCH OCCURS, THE YMCA WILL CANCEL MEMBERSHIP, END PROGRAM PARTICIPATION, AND REMOVE VISITATION ACCESS. ALL INDIVIDUALS 18 AND OVER MUST PROVIDE A GOVERNMENT ISSUED PHOTO ID UPON ENTRY TO ANY OF OUR YMCA FACILITIES, PROGRAMS OR SERVICES.

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ STAFF \_\_\_\_\_

\*\*\*IF UNDER 18 MUST BE SIGNED BY PARENT/GUARDIAN AT THE TIME OF REGISTRATION