



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

OFFICE USE ONLY

Member ID _____

Membership _____

THE GATEWAY FAMILY YMCA

Elizabeth Branch 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 Y website Social Media/Online Type _____ Mailer: Brochure/Post Card AD Drive by

TYPE OF MEMBERSHIP (Please check one)

- | | |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Youth (12 and under) | <input type="checkbox"/> Single Parent (1 adult, children through 26 living in household) |
| <input type="checkbox"/> Youth Basic (12 and under) | <input type="checkbox"/> Family (2 adults, children through 26 living in household) |
| <input type="checkbox"/> Teen (13-19) | <input type="checkbox"/> Senior (62 and over) |
| <input type="checkbox"/> Young Adult (20-29) | <input type="checkbox"/> Senior Couple (2 adults, 62+ living in household) |
| <input type="checkbox"/> Adult (30-61) | <input type="checkbox"/> Resident (Elizabeth only) |

FAMILY MEMBERSHIP INFORMATION

Second Adult: First _____ Last _____ Gender M F D.O.B.: ____/____/____

Email Address: _____ Ethnicity: _____

CHILDREN:

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

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