



# HEALTHY LIVING STARTS HERE

## Cumberland Cape Atlantic YMCA

Last Revised: December, 2016

### TELL US ABOUT YOURSELF (Please Print)

Date: \_\_\_\_\_

Gender:  Male  Female

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Email: \_\_\_\_\_ (We will use email to communicate important information)

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ ext. \_\_\_\_\_

Which statement best describes you?  I am good at making everyday choices to be healthy and live well  
 I try to make everyday choices to be healthy and live well but struggle to do so  
 I want to start making everyday choices to be healthy and live well

What is your reason(s) for joining the Y?

Better Overall Health  Weight Loss  Meet New People  Family Fun  Programs for Kids

Did a member refer you?  Yes  No Name of member: \_\_\_\_\_

### TELL US ABOUT YOUR HOUSEHOLD

#### Additional Adult

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female Race:  African American/Black  Caucasian/White  Hispanic  Asian/Pacific Islander  Other

Primary Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Business Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ ext. \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

Which statement best describes you?  I am good at making everyday choices to be healthy and live well  
 I try to make everyday choices to be healthy and live well but struggle to do so  
 I want to start making everyday choices to be healthy and live well

#### Dependents and/or Additional Adults (Anyone over 18 must provide proof of address)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Race:  African American/Black  Caucasian/White  Hispanic  Asian/Pacific Islander  Other  Dependent  Additional Adult

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Race:  African American/Black  Caucasian/White  Hispanic  Asian/Pacific Islander  Other  Dependent  Additional Adult

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Race:  African American/Black  Caucasian/White  Hispanic  Asian/Pacific Islander  Other  Dependent  Additional Adult

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Race:  African American/Black  Caucasian/White  Hispanic  Asian/Pacific Islander  Other  Dependent  Additional Adult

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Race:  African American/Black  Caucasian/White  Hispanic  Asian/Pacific Islander  Other  Dependent  Additional Adult

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Race:  African American/Black  Caucasian/White  Hispanic  Asian/Pacific Islander  Other  Dependent  Additional Adult

**EMERGENCY CONTACT INFORMATION**

**(Please list a person not on your membership we can contact in case of emergency if we are unable to reach the other adults in your household)**

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

**Please share any other information which would be valuable in the event of an emergency:**

\_\_\_\_\_

**MEMBER RELEASE**

I am an adult over 18 years of age and wish to participate in Cumberland Cape Atlantic YMCA/YMCA of Vineland (the "YMCA") membership/program activities and wish my children or legal wards to participate and give them permission to participate in the YMCA activities. As used in this Agreement "children" shall include legal wards and "parent" shall include legal guardian. As a condition of being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of the facilities or equipment, or participation in any off-site program affiliated with the YMCA, I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition of participation by me or my children in YMCA activities, on my behalf and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the YMCA, its sponsors, officers, employees, volunteers, or contractors as a result of participating in YMCA activities or using its facilities. I further agree to indemnify the YMCA against and hold it harmless from loss incurred as a result claims against it based upon alleged actions or omissions by me or my children. I also give the YMCA my consent to treatment for myself and my legal wards in the event of an injury and will not hold the YMCA accountable for any charges incurred. I have this authorization, waiver, and release, understand it, and am voluntarily signing it. I understand that the Cumberland Cape Atlantic YMCA/YMCA of Vineland is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs. I give my permission to the Cumberland Cape Atlantic YMCA/YMCA Of Vineland to use without limitation or obligation, photographs, film footage, or tape recordings which may include mine and/or my children's image or voice for the purposes of promotion or interpreting YMCA programs. I understand to ensure the safety of children and families, the YMCA conducts periodic cross reference of all membership with the Sex and Violent Offender Registry. I have received and read the Cumberland Cape Atlantic YMCA/YMCA of Vineland Member Handbook. I agree to follow the rules and guidelines set forth in this document and understand that failure to do so may result in suspension or termination of my Cumberland Cape Atlantic YMCA/YMCA of Vineland membership.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please initial below:**

- **I have received my YMCA Member Handbook** \_\_\_\_\_
- **I have received/reviewed the YMCA Member Code of Conduct (in Member Handbook)** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Adult  2 Adults  Family  Senior Adult  Young Adult  Teen  Youth

Program Member  Full Pay  Bank Draft  One month (Horizon/NJ State)  3 month  6 month

Business Partner (Name of Approved Employer): \_\_\_\_\_

**Membership ID:** \_\_\_\_\_ **Membership Type:** \_\_\_\_\_ **Tour Guide:** \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_ **Membership Fee:** \$ \_\_\_\_\_ **Discount Group Applied:** \_\_\_\_\_

**Additional Adult:** \_\_\_\_\_ \$ \_\_\_\_\_ **Additional Grandparent:** \_\_\_\_\_ \$ \_\_\_\_\_ **Scholarship Amount:** % \_\_\_\_\_

**Scholarship:** \$ \_\_\_\_\_ **Total Monthly Draft:** \$ \_\_\_\_\_