

## Registration Form 2024

*The YWCA NNJ runs a variety of programs for Bergen County residents age 60 and up*

*Please see [www.ywcannj.org/seniors](http://www.ywcannj.org/seniors) for more information*

Classes are **FREE** thanks to funding from Bergen County Division of Senior Services and YWCA donors.  
The following information is required for participation in the program- PLEASE PRINT.

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

Participant's Address: \_\_\_\_\_

Street

City

Zip code

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

1. Are you interested in virtual fitness classes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you interested in Senior Mental Health Support Group?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you interested in Friendship Friday's programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you interested in virtual socialization programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you live alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you Veteran of US Armed Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you frail or disabled physical or mental disability that restricts my ability to perform normal daily tasks, or threatens the capacity of the individual to live	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you vulnerable? I am exposed to unfavorable environmental conditions, or have a lack of social resources such as language barrier, isolation, no informal support system, income level between 100-200% of the poverty level, or not previously within the service system	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you interested in YWCA classes at a local senior center	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Which center do you attend?	
<input type="checkbox"/> Midland Park <input type="checkbox"/> Garfield <input type="checkbox"/> East Rutherford <input type="checkbox"/> Bergenfield <input type="checkbox"/> Ridgefield Park <input type="checkbox"/> Elmwood Park <input type="checkbox"/> Hackensack           North Arlington	

### Demographic Information:

**Gender**    Female    Male    Transgender    Intersex    Other

**Sexual Orientation** (optional)    Heterosexual/Straight    Lesbian/Gay    Bisexual    Unsure  
 If not listed above, please specify \_\_\_\_\_

**Ethnicity:**    Hispanic or Latino    Not Hispanic or Latino  
 American Indian/ Alaskan Native    Asian    Black/African American  
 Pacific Islander/Native Hawaiian    White    Other

### Income

**Income (select one)**

FPL–Federal Poverty Level  
Between FPL & Elder Index

**One Person**

\$0 - \$1,255 per month  
\$1,256 - \$3,034 per month  
\$3,035 per month or above

**Two Persons**

\$0 - \$1,703 per month  
\$1,704 - \$4,011 per month  
\$4,012 per month or above

## Permissions and Waiver

**YES**, you have permission to use my photo/video in YWCA Northern New Jersey communications, marketing and public relations. I understand that the photos/videos may be used in print, video, digital media, presentations, public relations materials, and social media. I also understand that I will not be compensated for the use of such photos/videos.

**No**, you do not have my permission.

**YES**, the person named on this contract is in good health and is able to fully participate in all activities offered at the YWCA program. In an emergency, when either I or the emergency contact above cannot be reached, I hereby give permission for the YWCA to take any action deemed necessary.

**YES**, I have read, fully understand and accept this release, hold harmless and waiver. I agree to release and hold harmless YWCA Northern New Jersey and all of its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors or assigns from any all claims or causes of action. I, further agree to give up or waive any right that you may otherwise have to bring claims or causes of action, including for negligence where not prohibited by law, against YWCA Northern New Jersey or any of its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors or assigns for personal injury, including death, or loss of or damage to property.

### PLEASE PRINT

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell \_\_\_\_\_

**YWCA IS ON  
A MISSION**  
eliminating racism  
empowering women