

Registration Form 2023

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

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

\$ 0 - \$1,132. Month (1-person, FPL) \$ 0 - \$1,525. Month (2-persons, FPL)
 \$1,133. - \$2,754. Month (1-person, Elder Index) \$ 1,526. - \$3,622. Month (2-persons, Elder Index)
 \$2,755. - Month or above (1-person) \$ 3,623 - month or above (2-persons)

Complete this form, save and email it to seniorwellness@ywcannj.org

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 _____

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**YWCA IS ON
A MISSION**

eliminating racism
empowering women