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ywca
Northern New Jersey

# Registration Form 2026

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

*Please see [www.ywcannj.org/seniors](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? | ☐ Yes ☐ No |
| 2. Are you interested in virtual socialization programs? | ☐ Yes ☐ No |
| 3. Do you live alone? | ☐ Yes ☐ No |
| 4. Are you Veteran of US Armed Service? | ☐ Yes ☐ No |
| 5. 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 | ☐ Yes ☐ No |
| 6. 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 | ☐ Yes ☐ No |
| 7. Are you interested in YWCA classes at a local senior center | ☐ Yes ☐ No |
| 8. Which center do you attend? ☐Midland Park ☐Garfield ☐East Rutherford ☐Bergenfield ☐Ridgefield Park ☐Elmwood Park ☐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 - $1,330 per month
☐ $1,331- per month or above

**Two Persons**
☐ $0 - $1,803 per month
☐ $1,804 - 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

Name_____ Relationship _____

Cell_____

**RETURN COMPLETED ENROLLMENT FORM TO:**

**seniorwellness@ywcannj.org**

OR

**MAIL FORM TO:**

YWCA Northern New Jersey
214 State Street, Suite 203
Hackensack, NJ 07601
*c/o Senior Wellness*

YWCA IS ON A MISSION
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empowering women

**Questions?** Call 201-345-1912 or email seniorwellness@ywcannj.org