



HEALTHY LIVING STARTS HERE

Cumberland Cape Atlantic YMCA

Last Revised: November, 2017.

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. I have this authorization, waiver, and release, understand it, and am voluntarily signing it. 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 that the YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access. 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:** \$ _____