



YMCA OF MONTCLAIR

MEMBERSHIP APPLICATION

Park Street Branch 25 Park Street, Montclair, NJ 07042 • 973-744-3400
Geyer Family Branch 159 Glenridge Avenue, Montclair, NJ 07042 • 973-783-7640

MEMBER 1

FIRST NAME					LAST NAME											
DATE OF BIRTH					GENDER					CELL PHONE						
EMAIL ADDRESS OF ADULT #1										PREFERRED METHOD OF CONTACT						
					EMAIL		CELL		HOME		(CIRCLE ONE)					
STREET/APT.					CITY					STATE					ZIP	

MEMBER 2

FIRST NAME					LAST NAME											
DATE OF BIRTH					GENDER					CELL PHONE						
EMAIL ADDRESS OF ADULT #2										PREFERRED METHOD OF CONTACT						
					EMAIL		CELL		HOME		(CIRCLE ONE)					
STREET/APT.					CITY					STATE					ZIP	

MEMBERSHIP TYPES

2 Adult Family _____	Senior (65+) _____	Teen (13-17) _____
1 Adult Family _____	Adult (26-64) _____	Youth (6-12) _____
Sr. Couple Family _____	Young Adult (18-25) _____ (ID REQUIRED)	Kinder (6mo.-5yrs.) _____

***IF PURCHASING A FAMILY MEMBERSHIP, PLEASE LIST PARTICIPATING FAMILY MEMBERS:**

First Name	Last Name	Relationship	Gender	Date of Birth

IN CASE OF EMERGENCY CALL (FIRST & LAST NAME)	RELATIONSHIP	PHONE
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IN CASE OF EMERGENCY CALL (FIRST & LAST NAME)	RELATIONSHIP	PHONE
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I agree to the following terms for my Membership Payment (Check one)

_____ Payment in full

_____ E-Pay (continuous draft, until canceled in writing by member as detailed in terms of E-Pay Agreement) (see copy)

I understand that Membership is good for one year with the exception of members who pay by bank draft: these memberships are continuous until written cancellation is received. Memberships that have expired for more than 45 days are considered new and will be charged a Joiner's Fee. All memberships are non-Refundable and non-Transferable. **For Any Returned Checks or Credit Card Charges there will be a \$20.00 Service Fee.**

I understand that all Youth/Teem members must use the Youth Locker Room. Membership is a privilege and is extended only to those who main tain the standards and regulations of the YMCA.

INFORMED CONSENT AND RELEASE FOR FACILITY USE

I understand that the YMCA of Montclair assumes no responsibilities of injuries or illness that I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any exercise equipment, exercise, or other activities or programs.

I hereby release and discharge the YMCA of Montclair, its agents and employees for any and all claims for injury, illness, death, loss or damage that I may suffer as a result of my participation in any athletic activities, sports programs, the use of any equipment exercise, or other activities or programs. I assume all risk from my participation in those activities. I also understand that I should consult with my physician prior to starting any fitness program.

I understand that the YMCA of Montclair is not responsible for any personal property lost or stolen while I use the YMCA facilities. It is recommended that you do not bring valuables to the YMCA and that members secure belongings in a locker with a lock.

I hereby give permission for images of me and others listed on this form captured during YMCA of Montclair events through video, photographic, digital, electronic or any other media together with or without our names and hometowns, to be used in YMCA of Montclair and YMCA of the USA promotional material and publications (including release to the news media), and waive any rights of compensation or ownership thereto. I hereby release and hold harmless the YMCA of Montclair, the YMCA of the USA, their agents and representatives and any third parties involved in the creation or publication of the promotional materials from any liability or claims by me or any third party for violations of my personal, proprietary or privacy rights in connection with the use of such images. Opt-Out

MEMBERSHIP CARDS MUST BE PRESENTED UPON ENTERING FACILITY.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Joiner's Fee New / Expired Membership past 45 days - Amount received \$ _____

Membership Renewal - No Joiner's fee required. Expiration Date: _____

(Please note: Memberships 45 days or more past expiration date are considered "new" and must pay the YMCA Joiner's fee)

Full Payment Plan:

Payment received: _____ Today's Date _____

Membership Expiration _____ Staff Signature: _____

Monthly E-Pay

Joiner's Fee _____

Payment received: _____ Date: _____

Membership Fee _____

First Draft Date: _____

Monthly Donation _____

(15th day of the second month from date joined)

One Time Donation _____

Staff Signature: _____

TOTAL _____

Staff Comments:

Your safety, our priority. All members and visitors have their driver's license or other state-issued IDs scanned to screen for registered sex offenders. Thank you for your cooperation in helping us protect all the children who come to our facilities.

How did you hear about the YMCA of Montclair?

(Please circle one)

Montclair Times

Postcard arrived in mail

Walk-in

Postcard/flyer sent home w/child

Montclair Watercooler

Baristanet/Barista kids

Patch

My Verona

NJN Family

NJ kids

Other: _____