



Qualcomm Sports, Fitness & Aquatics Complex
 Lawrence Family Jewish Community Center • JACOBS FAMILY CAMPUS
 Mandell Weiss Eastgate City Park • 4126 Executive Drive • La Jolla, CA 92037-1348
 (858) 457-3030 • Fax (858) 450-6835

JCC MEMBERSHIP NOTES:

MEMBERSHIP APPLICATION

MEMBERSHIP PLAN: <input type="checkbox"/> Standard <input type="checkbox"/> Outlying <input type="checkbox"/> Communal <input type="checkbox"/> SnowBird <input type="checkbox"/> Corporate _____ Name of Company	TYPE OF MEMBERSHIP: <input type="checkbox"/> Family <input type="checkbox"/> Student <input type="checkbox"/> Bonim <input type="checkbox"/> Couple <input type="checkbox"/> Teen (13-17) <input type="checkbox"/> Mitzvah <input type="checkbox"/> Single Parent <input type="checkbox"/> Senior Individual (62+) <input type="checkbox"/> Chai <input type="checkbox"/> Individual (31-61) <input type="checkbox"/> Senior Couple (62+) <input type="checkbox"/> Double Chai <input type="checkbox"/> Young Professional (18-30) <input type="checkbox"/> Public Servant <input type="checkbox"/> Shalom	PAYMENT OPTION: Membership Begins _____ <input type="checkbox"/> Payment-in-full <input type="checkbox"/> Bank Draft <input type="checkbox"/> Credit Card Draft
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ADULT INFORMATION

BILLING MEMBER	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rabbi Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	First Name: _____ M.I.: _____ Last Name: _____
	Street Address: _____ City: _____ State: _____ Zip: _____
	E-mail Address: _____ Date of Birth: _____
	Home Phone: _____ Cell Phone: _____ Business Phone: _____
	Employer: _____ Occupation: _____
	Emergency Contact: _____ Relationship: _____ Emergency Phone: _____
CO-APPLICANT	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rabbi Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	First Name: _____ M.I.: _____ Last Name: _____
	Street Address: _____ City: _____ State: _____ Zip: _____
	E-mail Address: _____ Date of Birth: _____
	Home Phone: _____ Cell Phone: _____ Business Phone: _____
	Employer: _____ Occupation: _____
	Emergency Contact: _____ Relationship: _____ Emergency Phone: _____

CHILDREN INFORMATION

Circle One

Name: _____	M/F	D.OB. _____	Grade: _____	School: _____
Name: _____	M/F	D.OB. _____	Grade: _____	School: _____
Name: _____	M/F	D.OB. _____	Grade: _____	School: _____
Name: _____	M/F	D.OB. _____	Grade: _____	School: _____
Name: _____	M/F	D.OB. _____	Grade: _____	School: _____

Lawrence Family Jewish Community Center • JACOBS FAMILY CAMPUS

RELEASE, WAIVER OF LIABILITY, AND ASSUMPTION OF RISK AGREEMENT

THIS IS A LEGALLY BINDING RELEASE, WAIVER, INDEMNIFICATION OF LIABILITY, AND ASSUMPTION OF RISK AGREEMENT. Please read it carefully before signing.

I/We agree to abide by the rules and by-laws of the Lawrence Family Jewish Community Center-JACOBS FAMILY CAMPUS (JCC). **Membership is neither transferable nor refundable and covers a minimum of a one year time period.** Membership is a privilege, which may be revoked with or without cause at any time by the Executive Director or the Board of Directors. Any unused prepaid membership fees will be returned on a pro-rated basis upon revocation of membership.

I/We acknowledge and agree that the JCC shall not be responsible or liable for any accident, injury, loss or damage whatsoever sustained by me, my family members or my guests, which may occur on or about the JCC premises or offsite at a JCC sponsored activity. I waive any claim which I, my family members or my guests may have against the JCC arising from or as a result of any such accident, injury, loss, or damage.

In case of emergency or if I become injured while attending or participating in a Lawrence Family Jewish Community Center of San Diego County function or program, I give permission to any licensed physician, surgeon, clinic, or hospital to secure proper treatment for the individuals named on this application.

It is the responsibility of every individual, his/her parents, or legal guardian to provide for his/her own accident and health coverage while participating in all JCC activities. The JCC does not provide any accident or health coverage for its members, guests, or participants.

I/We understand that the sports and fitness activities offered by the JCC are physical and include a risk of injury to oneself, family, or guests in the use of any facilities or apparatus, or participation in any exercise program. Specific risks vary from one activity to another and the risks range from minor injuries to major injuries, including death.

In consideration of my/our participation in the activities offered by the JCC, I/We understand and accept the risks associated with participation in activities at the JCC and use of the facilities or at offsite JCC activities, and agree that neither the JCC, or any of their officers, directors, agents, employees, volunteers, independent contractors, or any other person or entity associated with the JCC, will be liable for any personal injury or damage to myself or others, even if the injury was due to their negligence.

I/We acknowledge that the JCC does not manufacture fitness or other equipment, but purchases and/or leases equipment. I/We understand and acknowledge that the JCC is providing fitness and recreational services and may not be held liable for defective products.

I/We further agree that the JCC shall not be responsible or liable for any loss or damage whatsoever to and personal property owned by me, my family members or my guests, which may occur on or about the JCC premises or offsite at JCC sponsored activities, and I, on behalf of myself, my family members and my guests, hereby expressly waive any claim which I, my family members or my guests may have against the JCC arising from or as a result of any such loss or damage. It is therefore understood that all personal property of any kind shall be stored or utilized at the JCC at the sole risk and responsibility of me, my family members, or my guests.

I/We give permission to the JCC to use my name, and photographs in brochures, newspapers, broadcasts, telecasts, the JCC website and any other form of communication.

I/We assume the risk of and release, defend and hold the JCC harmless for any liability, for any death, physical or other injury/harm suffered by me, my family, or my guests during or as a consequence of my/our presence at the facilities or my/our participating in any JCC activity, whether or not related to exercise. Therefore, I/We agree to indemnify, defend and hold the JCC harmless against any liability, damages, defense costs, including attorneys fees, or from any other costs incurred in connection with the claims for bodily injury, wrongful death, or property damage brought by myself, my family, or my guests.

This waiver and release shall be binding on my agents, heirs, and assigns and shall apply to all sponsors, official, officers, directors, agents, employees, volunteers, independent contractors, or any other individuals or entities in any way connected with the JCC.

I/We, the undersigned, have read the above statements and hereby make application for membership at the Lawrence Family Jewish Community Center – JACOBS FAMILY CAMPUS.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____