



## TEEN MEMBERSHIP APPLICATION

Member # \_\_\_\_\_  New  Rejoin      Jr. Fitness Training Requested\* Y  N

How did you hear about the JCC? \_\_\_\_\_ / WE ARE NEW TO THE AREA Y \_\_\_ N \_\_\_

### TEEN INFORMATION

LAST NAME: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_      SEX \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

### PARENT/LEGAL GUARDIAN – (primary phone, written, and email correspondence contact)

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ M.I.: \_\_\_\_\_

TITLE:     Mr.    Mrs.    Ms.    Other \_\_\_\_\_

MARITAL STATUS:  Single    Married    Other \_\_\_\_\_

EMAIL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ APT. # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

RELIGION: \_\_\_\_\_ CONGREGATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

BUS. ADDRESS: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_

### POLICIES

By signing this agreement, I understand and agree that my membership is a privilege based on acceptable behavior. Any violation of JCC policies or procedures may result in disciplinary action up to and including the suspension of membership privileges. I further understand that in cases involving illegal drugs, alcohol, weapons or violent behavior, the local Police Department will be notified and membership privileges will be suspended.

**Teen members may bring one guest per day upon payment of guest fees and completion of waiver form.**

\*Teens 14 years old or younger are required to complete the Jr. Fitness training program with Worcester JCC personal trainers for access to the Fitness Center. There is an additional charge associated with this training.

I have read and understand the above guidelines. Failure to observe guidelines may result in forfeiture of membership. **All Teen Members must leave the premises at least 10 minutes prior to the building closing. Parents and teen must become familiar with building hours.**

Member's Initials       Parent/Guardian Initials

I give my permission to the JCC to use without limitation and obligation photographs, film footage, or tape recordings which may include my (or my family's) image or voice for purposes of promoting or interpreting JCC programs.

The Worcester JCC is not responsible for lost, stolen or damaged personal property.

#### WAIVER OF RESPONSIBILITY

In consideration of being allowed to participate in the activities and programs of the Worcester JCC and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the Worcester Jewish Community Center and its officers, agents, employees, representatives, executors, and all others from any and all responsibility or liability from injuries or damages resulting from my participation (or my child's) in any activities or my (or my child's) use of equipment or machinery and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself (or my child's), including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my (or my child's) participation in any activities of the Worcester Jewish Community Center or the use of any equipment at the Worcester Jewish Community Center. I agree to abide by all JCC policies and procedures as a facility guest.

I further certify that I am the parent or legal guardian of the child listed. In the event that I do not have the requisite authority to sign this Agreement on behalf of the child listed, I agree that I shall be solely liable for any and all actions, causes of actions, penalties, claims, costs, services, compensation or the like resulting from this misrepresentation. I agree to be contractually bound by this certification.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature\* \_\_\_\_\_ Date \_\_\_\_\_

\*Required if member is under 18 years old

JCC Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Have you or any family member been a member of the JCC in the past? Yes No If yes, when?

The JCC is open to all regardless of race, color, religion, national origin, gender, sexual orientation, age, disability or economic condition. The Center is handicapped-accessible.

#### FOR OFFICE USE ONLY:

Total Due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Payment Method: (Circle one)

Cash Debit Visa MasterCard Check / Check #: \_\_\_\_\_