

MEMBERSHIP APPLICATION

Staff: _____ Date: _____

MEMBER INFORMATION : PRIMARY MEMBER

| | | | | | |
|---|--|--|--|--------------------|------|
| Title: <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"/> M <input type="checkbox"/> F | | Date of Birth: / / | |
| Last Name: | | M.I.: | | First Name: | |
| Street Address: | | City: | | State: | Zip: |
| Email: | | Home Phone: | | Cell Phone: | |
| Occupation: | | Employer: | | | |
| Emergency Contact (Other than co-applicant): | | Phone: | | Relationship: | |

ADDITIONAL MEMBER

| | | | | | |
|---|--|--|--|--------------------|------|
| Title: <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"/> M <input type="checkbox"/> F | | Date of Birth: / / | |
| Last Name: | | M.I.: | | First Name: | |
| Street Address: | | City: | | State: | Zip: |
| Email: | | Home Phone: | | Cell Phone: | |
| Occupation: | | Employer: | | | |

CHILDREN

| | |
|--|--|
| Name / Age / DOB: <input type="checkbox"/> M <input type="checkbox"/> F | Name / Age / DOB: <input type="checkbox"/> M <input type="checkbox"/> F |
| Name / Age / DOB: <input type="checkbox"/> M <input type="checkbox"/> F | Name / Age / DOB: <input type="checkbox"/> M <input type="checkbox"/> F |

Member referred by: _____

CODE OF CONDUCT

The Lawrence Family Jewish Community Center, JACOBS FAMILY CAMPUS (LFJCC) is committed to providing a friendly and comfortable environment for all. Inappropriate conduct or language is not tolerated. Appropriate athletic wear, shirt and shoes are required at all times. Closed-toed shoes are required while using the athletic courts, participating in fitness training or classes, and inside the Fitness Center. As a courtesy to other members, please refrain from cell phone use within the Fitness Center. The LFJCC, through its President/CEO or delegate, reserves the right to remove from the premises any individual acting in an inappropriate manner and further reserves the right to cancel the membership of any such person without refund. Smoking and weapons of any kind are prohibited on the campus.

Initials: _____

CANCELLATION POLICY

I/We acknowledge that memberships are billed monthly and continues until notification of cancellation is received. If I/We wish to terminate my/our membership, I/we must give **30-day written notice** prior to the first of the month, return all membership cards and complete an exit survey and I/we understand that membership at LFJCC is non-transferable or non-refundable. I/We acknowledge that all parties on the account must be in good financial standing to retain membership.

Initials: _____

GUIDELINES FOR LFJCC MEMBERSHIPS WITH YOUNG CHILDREN

Members under the age of 15 are not allowed in the Fitness Center except under the following conditions:

- Teens ages 13-14 must complete certification in order to use LFJCC Fitness Center.

Friedenberg Olympic Pool:

- Children under the age of 15 must be accompanied by a parent or guardian.
- Children under the age of 13 are not permitted in the spa.

For general information and rules please visit lfjcc.org.

Initials: _____

GUEST PASSES AND GUEST POLICY

Guests of members are welcome at the LFJCC and must be accompanied by a member. Guest passes are electronically tracked on your membership account, and guests are required to check in with guest services to complete a guest form. Each membership receives 1 complimentary guest pass per month, after which additional guest passes may be purchased at the daily rate of \$15 for guests who are 15 or older.

Initials: _____

MEMBERSHIP CARDS

Membership cards are issued to each member aged 15 and over and are required to access the facility. Teens aged 13-14 in order to be issued a membership card and use the LFJCC Fitness Center. All members are required to show their badge upon entering the center. If for any reason the membership card is not presented upon check-in, an ID and verification of current membership is required. Any LFJCC staff member may ask for proof of membership at any time while you are in the center. Replacement membership cards may be obtained from the membership desk for \$10.

Initials: _____

LOCKER ROOMS

Lockers are available for daily use in both the men's and women's locker rooms at no charge. Children over 4 years of age may not be in a locker room designated for the opposite sex. For your convenience, please use our family locker room. Please check with a Guest Services or Fitness Representative for more information.

Initials: _____

FITNESS FACILITY HOURS

Monday - Thursday: 6:00 A.M. - 9:00 P.M.

Friday: 6:00 A.M. - 5:00 P.M.

Saturday - Sunday: 7:00 A.M. - 5:00 P.M.

Weekend Summer Hours: (Memorial Day to Labor Day)

Friday: 6:00 A.M. - 6:00 P.M.

Saturday - Sunday: 7:00 A.M. - 6:00 P.M.

Hours are subject to change. Please visit our website for holiday hours, lfjcc.org.

Initials: _____

PHOTO AND SOCIAL MEDIA RELEASE

I/We give my permission to the LFJCC to use my name, family members' names and photographs in brochures, newspapers, broadcasts, telecasts, social media, the LFJCC website and any other form of communication, trade, and for any other lawful purpose whatsoever without the opportunity to approve or review the finished product that may be used in connection therewith or the use to which it may be applied.

Initials: _____

ARBITRATION AGREEMENT

I/We understand that my participation in physical conditioning and recreational programs is at my own and/or my family's own risk. All disputes that may arise out of this relationship, including but not limited to whether based on tort, contract, statute, equitable law or otherwise, shall be submitted in binding arbitration.

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

Initials: _____

INDEMNITY

I/We assume the risk of and release, defend and hold the LFJCC harmless for any liability, for any death, physical or other injury/harm suffered by me, my family, or my guests as a consequence of my/our participating in any LFJCC activity, whether or not related to exercise. Therefore, I/we agree to indemnify, defend and hold the LFJCC 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, officials, officers, directors, agents, employees, volunteers, independent contractors, or any other individuals or entities in any way connected with the LFJCC.

Initials: _____

Primary Member Name (please print): _____

Primary Member Signature: _____

Date: _____

1. Choose Your Membership

MEMBERSHIP RATES

| CATEGORY | DESCRIPTION | MONTHLY | REGISTRATION |
|--|---|---------|--------------|
| <input type="checkbox"/> Teen/Young Adult* | Ages 13-30 | \$30 | \$25 |
| <input type="checkbox"/> Individual | Ages 31-64 | \$55 | \$50 |
| <input type="checkbox"/> Couple | Two adults same household | \$100 | \$50 |
| <input type="checkbox"/> Family I* | One adult & children under 22 | \$65 | \$50 |
| <input type="checkbox"/> Family II* | Two adults & children under 22 | \$110 | \$50 |
| <input type="checkbox"/> Senior | Ages 65+ | \$35 | \$25 |
| <input type="checkbox"/> Senior Couple | Ages 65+ | \$65 | \$50 |
| <input type="checkbox"/> Corporate | Minimum purchase of five membership units | \$310 | |

SUPPORTING MEMBERSHIP

CATEGORY

- Shalom
- Double Chai
- Chai
- Mitzvah

See supporting membership rate sheet for prices.

*Individuals ages 13-14 must complete a certification in order to use the Fitness Center

2. Jump-Start Your Fitness

LIVE UP™ OPTIONS

| | |
|--|----------------------|
| <input type="checkbox"/> Fitness Center orientation w/personal trainer | \$75-FREE (one hour) |
| <input type="checkbox"/> Masters swim program | FREE |
| <input type="checkbox"/> Six – one hour personal training sessions | \$400 \$199 |

3. Rejuvenate Yourself

BE WELL OPTIONS

| | |
|--|---------------------|
| <input type="checkbox"/> Access to sauna (women's locker room) or steam room (men's locker room) | FREE |
| <input type="checkbox"/> Over ten yoga & meditation classes per week | FREE |
| <input type="checkbox"/> 30-minute / 60-minute / 90-minute massage | \$37 / \$75 / \$115 |

4. Calculate Your Total

| | |
|------------------------|-----------|
| Registration Fee | \$ |
| Membership Rate | \$ |
| Other | \$ |
| Total Due Today | \$ |

5. Payment Information

Visa Mastercard Discover Amex

Signature:

Date:

Name on Card:

Card Number:

Exp. Date: