



Jewish Community Center of Dallas Participant Agreement

Aaron Family JCC - 7900 Northaven Road - Dallas, TX 75230
Phone: 214-739-2737 - FAX: 214-368-4709 - jccdallas.org

MEMBERSHIP APPLICATION

NON-MEMBER

(Terms and Conditions Attached)

FOR OFFICE USE ONLY

Received by: _____ Date: _____

Promotion: Yes No Type: _____

Member Referral (name): _____

SYSTEM ID: _____

CATEGORY: _____

PLEASE PRINT CLEARLY FOR EACH PARTICIPANT

	First Name	Last Name	Date of Birth	Gender
Adult (01) Mr./Mrs./Ms./Dr./ Other _____				<input type="checkbox"/> M <input type="checkbox"/> F
Adult (02) Mr./Mrs./Ms./Dr./ Other _____				<input type="checkbox"/> M <input type="checkbox"/> F
Child (03)				<input type="checkbox"/> M <input type="checkbox"/> F
Child (04)				<input type="checkbox"/> M <input type="checkbox"/> F
Child (05)				<input type="checkbox"/> M <input type="checkbox"/> F
Child (06)				<input type="checkbox"/> M <input type="checkbox"/> F
Child (07)				<input type="checkbox"/> M <input type="checkbox"/> F
Child (08)				<input type="checkbox"/> M <input type="checkbox"/> F

OTHER FAMILY INFORMATION

Home Address _____ Apt. # _____
City _____ State _____ Zip _____
Primary Phone _____ Phone Type Cell Home Work
Adult 01 cell _____ Adult 02 cell _____
Adult 01 email _____ Adult 02 email _____

Emergency contact name: _____
Emergency contact phone: _____
Religious Preference (optional): _____
Congregation Affiliation (optional): _____

Areas of Interest:

- | | | |
|--|--|---|
| <input type="checkbox"/> Adult Sports | <input type="checkbox"/> Fitness Equipment | <input type="checkbox"/> Teen/Tween Programming |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Group Fitness Classes | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Arts & Culture | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Youth Enrichment/Dance |
| <input type="checkbox"/> Book Fest | <input type="checkbox"/> Jewish Learning | <input type="checkbox"/> Youth Performing Arts |
| <input type="checkbox"/> Camps | <input type="checkbox"/> Personal Training | <input type="checkbox"/> Youth Sports |
| <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Pilates | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Film Fest | <input type="checkbox"/> Senior Programing | <input type="checkbox"/> Other: _____ |

PLEASE SEE BACK OF FORM FOR IMPORTANT LIABILITY INFORMATION AND SIGNATURE REQUIREMENTS

PARTICIPANT WAIVER AND RELEASE OF LIABILITY: READ BEFORE SIGNING

Organization Name: Jewish Community Center of Dallas, Inc. (the "J")

Participant Name _____

In consideration of being allowed to participate in any way in any program, related events and activities at the J or sponsored by the J ("programs") I on my own behalf and on behalf of any minor children for whom I am responsible appreciate and agree that:

1. The risk of injury from the activities involved in programs offered by the J may be significant, including the potential for permanent injury or even more serious consequences, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist, and;
2. On my own behalf and on behalf of any minor children for whom I have responsibility, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE J, other than "gross negligence" as defined by Texas law, and those affiliated with the J described in Paragraph 4 or others, and assume full responsibility for my and my minor children's participation. If anyone in my family violates any rule or policy of the J or otherwise causes a problem that in the sole discretion of the J President endangers the health, safety or welfare of anyone, the President may suspend my family's privilege to be on the J campus and participate in the J's programs, and;
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself and my minor children from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my minor children, heirs, assigns, personal representatives and next of kin, HEREBY WAIVE, RELEASE, INDEMNIFY, AND HOLD HARMLESS THE J, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, and, if applicable, owners and lessors (referred to as "Releases") FOR ALL CLAIMS other than "gross negligence" as defined in Texas law in connection with any conduct regarding any program at the J or any activity sponsored by the J WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Adult Participant's Signature Age Date

Adult Participant's Signature Age Date

This is to certify that I, as parent/guardian with legal responsibility for the above named Participant on behalf of the participant do consent and agree to his/her waiver and release as provided above of all the Releasees, and, for myself, my spouse or co-guardian, heirs, assigns, and next of kin, waive, release and agree to indemnify and hold harmless the Releasees from any and all liability, other than "gross negligence" as defined by Texas law, associated with my minor child's involvement or participation in these programs, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Signature Date Emergency Phone Numbers



MEMBERSHIP AGREEMENT

DATE: _____ SYSTEM ID: _____

NAME: _____

TERMS AND CONDITIONS OF MEMBERSHIP. PLEASE INITIAL AFTER AGREEING TO EACH CONDITION.

1. I hereby agree to a minimum 12 month membership at the AFJCC. I understand that if I wish to terminate or change my membership in any way, I must give the AFJCC a 30-day written notice. If I wish to terminate before the end of my first 12 months, there will be a \$150 buyout fee.

MEMBER'S INITIALS _____

2. The AFJCC Board, at its discretion, may adjust the monthly rate applicable to my membership category. I understand that I will receive at least four weeks notice prior to any such change in my membership fees.

MEMBER'S INITIALS _____

3. Should any membership deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of no more than \$25 applied by the AFJCC. This is in addition to any service fee charged by my bank. I understand that it is my responsibility to notify the AFJCC in writing should I change my financial institution and/or account at any time.

MEMBER'S INITIALS _____

4. Membership cards remain the property of the AFJCC and must be surrendered upon request.

MEMBER'S INITIALS _____

MEMBERS MUST PAY IN FULL OR PROVIDE CREDIT/DEBIT CARD OR BANK ACCOUNT INFORMATION FOR MONTHLY PAYMENTS.

An electronic transfer plan provides a way to budget your annual AFJCC membership fees. With your authorization, the membership fees are deducted monthly from an account of your choosing.

Any adult, 18 years of age and older, who has an account (credit, debit, checking) at a participating financial institution may establish an electronic transfer plan.

Members may establish a payment plan by completing this authorization form and returning it along with a voided check or credit card number and AFJCC membership application form. The first month's dues plus any application registration fees are paid up front. The check MUST be preprinted with a member's name on it. We will then complete our verification process and issue your AFJCC membership card(s).

AUTHORIZATION AGREEMENT

I hereby authorize the AFJCC to initiate electronic fund entries to my:

- Credit card – MasterCard or VISA (circle one)
- Debit card – MasterCard or VISA (circle one)
- Checking (15th of the month only)

AUTHORIZED DRAFT DAY EACH MONTH

- 7th of each month
- 15th of each month
- 21st of each month
- 28th of each month

Card Number: _____

Expiration: _____

Name on Card: _____

OR

I authorize the financial institution named below to debit my account. I will provide two physical checks to begin this billing option.

Financial Institution: _____

City, State: _____

Bank Account Number: _____

Routing number: _____

This authorization remains in effect until the AFJCC has received a 30-day written or email notification from me indicating my desire to discontinue my membership after the initial 12 months.

Member Printed Name: _____

Member Signature: _____

Date: _____