



SilverSneakers® Membership Application

Please print clearly and complete both sides of application.

Have you previously been a member of the JCC? Yes No Year _____

ADULT 1

Title: Mr. Ms. Mrs. Miss Dr. Rabbi Rev. DOB: ___/___/___

Female Male Prefer not to disclose

First Name: _____ Last Name: _____

Marital Status: Single Married Domestic Partners

Household Identity: Jewish Non-Jewish Interfaith (Jewish/Non-Jewish)

Address _____

City _____ State _____ Zip _____ Primary Phone _____

E-mail _____ Cell Phone _____

Medicare Health Insurance:

MVP Humana WellCare Aetna Other _____

Enter Healthways SilverSneakers® card number: (16 digits)

16 digit input boxes for card number

Emergency Contact Name _____ Phone _____

Relationship _____

ADULT 2

Title: Mr. Ms. Mrs. Miss Dr. Rabbi Rev. DOB: ___/___/___

Female Male Prefer not to disclose

First Name: _____ Last Name: _____

Marital Status: Single Married Domestic Partners

Household Identity: Jewish Non-Jewish Interfaith (Jewish/Non-Jewish)

Address _____

City _____ State _____ Zip _____ Primary Phone _____

E-mail _____ Cell Phone _____

Medicare Health Insurance:

MVP Humana WellCare Aetna Other _____

Enter Healthways SilverSneakers® card number: (16 digits)

16 digit input boxes for card number

Emergency Contact Name _____ Phone _____

Relationship _____

MEMBERSHIP TYPE

<u>Sign up Date:</u> _____	<u>Membership Category:</u> <input type="checkbox"/> SilverSneakers®	<u>Upgrade Spa Membership (additional fee):</u> <input type="checkbox"/> Women's Spa <input type="checkbox"/> Men's Spa
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How did you hear about the JCC?

- | | | |
|---|---|--|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> JCC Website | <input type="checkbox"/> Former JCC Member |
| <input type="checkbox"/> Medical referral | <input type="checkbox"/> Friend/Family Member | <input type="checkbox"/> Health Insurance |
| <input type="checkbox"/> E-mail | <input type="checkbox"/> TV | <input type="checkbox"/> JCC Member |
| <input type="checkbox"/> Search Engine | | <input type="checkbox"/> Other _____ |

Referred by a JCC Member? Yes No

Member Name _____ ID # _____

Are you new to Rochester, NY? Yes No

MEMBERSHIP AGREEMENT

As a member of the Jewish Community Center of Greater Rochester, I may choose to participate in Center programs involving physical activity. I agree to complete fully and truthfully any medical screening forms which may be required as a condition for participation in a Center program. I understand that the JCC urges all members to obtain a physical examination from their Physician prior to the use of any exercise equipment or attending any exercise class. A member agrees that use of all facilities will be at the members' sole and exclusive risk. The member also waives any claims for damage, loss, or theft of member's property arising out of or in connection with the use of any JCC facility (including parking lot). The JCC reserves the right to change facility hours, class schedules, and equipment. I and my estate release and hold harmless the Jewish Community Center of Greater Rochester, its officers, directors, and employees from any damages, claims, loss, and liability relating to my death or any injury which may arise from my participation in any Center program. I understand that, while using the facility, my photograph may be taken for publicity purposes. I agree to abide by the rules and by-laws of the JCC. The signature below is the person responsible for all payments on the membership account.

Member Signature _____ Date _____

A parent or guardian signature is required for a Teen Membership.

JCC memberships are open to all persons regardless of race, religion, or income.

FOR OFFICE USE:

- Waiver Signed
- Photocopy of insurance card
- Healthways online confirmation

ID #

DATE

STAFF INITIALS