



# Silver&Fit® 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:

Excellus  Other \_\_\_\_\_

Enter Health Insurance card number:

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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:

Excellus  Aetna  Other \_\_\_\_\_

Enter Health Insurance card number:

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Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**MEMBERSHIP TYPE**

Sign up Date:

\_\_\_\_\_

Membership Category:

Silver & Fit®

Upgrade Spa Membership (additional fee):

Women's Spa

Men's Spa

**How did you hear about the JCC?**

Facebook

Medical referral

E-mail

Search Engine

JCC Website

Friend/Family Member

TV

Former JCC Member

Health Insurance

JCC Member

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:**

\$25 payment for calendar year \_\_\_\_\_

Photocopy of insurance card

Ashlink online confirmation

ID #

\_\_\_\_\_

DATE

\_\_\_\_\_

STAFF INITIALS

\_\_\_\_\_