



Qualcomm Sports, Fitness & Aquatics Complex
 Lawrence Family Jewish Community Center, JACOBS FAMILY CAMPUS
 Mandell Weiss Eastgate City Park • 4126 Executive Drive • La Jolla, CA 92037-1348
 (858) 457-3030 • Fax (858) 450-6835

JCC MEMBERSHIP NOTES:

MEMBERSHIP APPLICATION

MEMBERSHIP PLAN: <input type="checkbox"/> Standard <input type="checkbox"/> Outlying <input type="checkbox"/> Communal/Military <input type="checkbox"/> SnowBird <input type="checkbox"/> Corporate _____ Name of Company	TYPE OF MEMBERSHIP: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Family</td> <td><input type="checkbox"/> Student</td> <td><input type="checkbox"/> Bonim</td> </tr> <tr> <td><input type="checkbox"/> Couple</td> <td><input type="checkbox"/> Teen (13-17)</td> <td><input type="checkbox"/> Mitzvah</td> </tr> <tr> <td><input type="checkbox"/> Single Parent</td> <td><input type="checkbox"/> Senior Individual (62+)</td> <td><input type="checkbox"/> Chai</td> </tr> <tr> <td><input type="checkbox"/> Individual I (31-44)</td> <td><input type="checkbox"/> Senior Couple (62+)</td> <td><input type="checkbox"/> Double Chai</td> </tr> <tr> <td><input type="checkbox"/> Individual II (45-61)</td> <td><input type="checkbox"/> Public Servant</td> <td><input type="checkbox"/> Shalom</td> </tr> <tr> <td><input type="checkbox"/> Young Professional (18-30)</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Family	<input type="checkbox"/> Student	<input type="checkbox"/> Bonim	<input type="checkbox"/> Couple	<input type="checkbox"/> Teen (13-17)	<input type="checkbox"/> Mitzvah	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Senior Individual (62+)	<input type="checkbox"/> Chai	<input type="checkbox"/> Individual I (31-44)	<input type="checkbox"/> Senior Couple (62+)	<input type="checkbox"/> Double Chai	<input type="checkbox"/> Individual II (45-61)	<input type="checkbox"/> Public Servant	<input type="checkbox"/> Shalom	<input type="checkbox"/> Young Professional (18-30)			PAYMENT OPTION: <input type="checkbox"/> Payment in-full <input type="checkbox"/> Monthly Draft <i>(Annual Commitment Required)</i>
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<input type="checkbox"/> Young Professional (18-30)																				

ADULT INFORMATION

BILLING MEMBER	<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"/> Male <input type="checkbox"/> Female
	First Name: _____ M.I.: _____ Last Name: _____
	Street Address: _____ City: _____ State: _____ Zip: _____
	E-mail Address: _____ Date of Birth: _____
	Home Phone: _____ Cell Phone: _____ Business Phone: _____
	Employer: _____ Occupation: _____
Emergency Contact: _____ Relationship: _____ Emergency Phone: _____	
CO-APPLICANT	<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"/> Male <input type="checkbox"/> Female
	First Name: _____ M.I.: _____ Last Name: _____
	Street Address: _____ City: _____ State: _____ Zip: _____
	E-mail Address: _____ Date of Birth: _____
	Home Phone: _____ Cell Phone: _____ Business Phone: _____
	Employer: _____ Occupation: _____
Emergency Contact: _____ Relationship: _____ Emergency Phone: _____	

CHILDREN INFORMATION

Circle One

Name: _____	M/F	D.OB. _____	Grade: _____	School: _____
Name: _____	M/F	D.OB. _____	Grade: _____	School: _____
Name: _____	M/F	D.OB. _____	Grade: _____	School: _____
Name: _____	M/F	D.OB. _____	Grade: _____	School: _____
Name: _____	M/F	D.OB. _____	Grade: _____	School: _____

RELEASE, WAIVER OF LIABILITY, AND ASSUMPTION OF RISK AGREEMENT

THIS IS A LEGALLY BINDING RELEASE, WAIVER, INDEMNIFICATION OF LIABILITY, AND ASSUMPTION OF RISK AGREEMENT. Please read it carefully before signing.

I/We agree to abide by the rules and by-laws of the Lawrence Family Jewish Community Center-JACOBS FAMILY CAMPUS (JCC). **Membership is neither transferable nor refundable and covers a minimum of a one year time period.** Membership is a privilege, which may be revoked with or without cause at any time by the Executive Director or the Board of Directors. Any unused prepaid membership fees will be returned on a pro-rated basis upon revocation of membership.

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

In case of emergency or if I become injured while attending or participating in a Lawrence Family Jewish Community Center of San Diego County function or program, I give permission to any licensed physician, surgeon, clinic, or hospital to secure proper treatment for the individuals named on this application.

It is the responsibility of every individual, his/her parents, or legal guardian to provide for his/her own accident and health coverage while participating in all JCC activities. The JCC does not provide any accident or health coverage for its members, guests, or participants.

I/We understand that the sports and fitness activities offered by the JCC are physical and include a risk of injury to oneself, family, or guests in the use of any facilities or apparatus, or participation in any exercise program. Specific risks vary from one activity to another and the risks range from minor injuries to major injuries, including death.

In consideration of my/our participation in the activities offered by the JCC, I/We understand and accept the risks associated with participation in activities at the JCC and use of the facilities or at offsite JCC activities, and agree that neither the JCC, or any of their officers, directors, agents, employees, volunteers, independent contractors, or any other person or entity associated with the JCC, will be liable for any personal injury or damage to myself or others, even if the injury was due to their negligence.

I/We acknowledge that the JCC does not manufacture fitness or other equipment, but purchases and/or leases equipment. I/We understand and acknowledge that the JCC is providing fitness and recreational services and may not be held liable for defective products.

I/We further agree that the JCC shall not be responsible or liable for any loss or damage whatsoever to and personal property owned by me, my family members or my guests, which may occur on or about the JCC premises or offsite at JCC sponsored activities, and I, on behalf of myself, my family members and my guests, hereby expressly waive any claim which I, my family members or my guests may have against the JCC arising from or as a result of any such loss or damage. It is therefore understood that all personal property of any kind shall be stored or utilized at the JCC at the sole risk and responsibility of me, my family members, or my guests.

I/We give permission to the JCC to use my name, and photographs in brochures, newspapers, broadcasts, telecasts, the JCC website and any other form of communication.

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

I/We, the undersigned, have read the above statements and hereby make application for membership at the Lawrence Family Jewish Community Center – JACOBS FAMILY CAMPUS.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____



Welcome to the Lawrence Family Jewish JCC...now it's time to get FIT!

We understand what it is like to be a new member at a Fitness & Wellness Facility. Not knowing anyone or your way around the equipment, how to set up machines for your specific body, what the rules are... This is why we have designed a complimentary Fitness Orientation with a Nationally Certified Personal Trainer on our staff that we are proud to offer you.

Primary Member Last Name: _____ First Name: _____

Phone cell/home: _____ Other phone: _____

Members of Family (Please List all Members of Family who will be using our facility: Indicate Children's Ages)

Email Address: _____

Jump Start Personal training special for new members who are experiencing personal training at the JCC for the first time within 30 days of Membership Intro Pack 6 sessions for \$199

Qualcomm Sports, Fitness & Aquatics Complex Rules

1. Members ONLY. Members must carry membership card at ALL times.
2. Must be 15 years old to use the work out facilities.
3. No Children are allowed in work out room (this includes infants).
4. Proper athletic attire is required (must wear shirts at all times - no bathing suits, please).
5. Athletic shoes required (no open toe shoes).
6. No athletic or personal bags allowed in work out room (please keep all personal belongings in a locker).
7. No food or drinks allowed (plastic water bottles are allowed).
8. Must bring a towel into the Fitness Center.
9. Maximum 25 minutes on any cardiovascular machine if others are waiting.
10. Must allow partner work-ins.
11. Please wipe down machines when finished.
12. Staff person on duty has authority to enforce all rules and request to see a JCC membership card at any time.
13. Please refrain from wearing perfumes or fragrances in consideration of those with allergies.
14. No cell phone use in work out room.

We appreciate your cooperation in maintaining the Qualcomm Sports, Fitness & Aquatics Complex for everyone's enjoyment and comfort.

— We recommend you consult your physician before you start an exercise program. —

NEW MEMBERS

I would like to be contacted about the fitness orientation session at the phone number or email address listed above. The session generally lasts for an hour. I understand that during this session, a Personal Trainer will instruct me on proper usage of equipment to insure my safety in the Lawrence Family JCC Fitness Center, and they will also help me create a basic workout program. I understand I will be asked to complete a basic health questionnaire (PAR-Q) as part of this process.

Best Day(s) for appointment (circle all that apply): Mon Tue Wed Thu Fri Sat Sun

Best Time(s) (circle all that apply): 6:00A.M.–9:00 A.M. 9:00 A.M.–12:00 P.M. 12:00P.M.– 3:00 P.M. 3:00 P.M.–6:00 P.M. 6:00 P.M.–9:00 P.M.

I am aware of the complimentary orientation session, but choose to decline at the present time. I understand I may choose to exercise this option at a later time.

Member Signature _____ Date: _____

For more information, contact Robyn Cohen, Fitness & Wellness Director at (858) 362-1340 or robync@lfjcc.org. Thank you.

