



Membership Category

Family Adult Couple Single Parent Family
 Adult Sr. Adult Couple Sr. Adult
 Young Adult Corp. Discount: Yes No
 Corporate company name: _____

Membership Application

Shaw JCC of Akron
750 White Pond Drive, Akron, OH 44320

Primary Member

Mr. Mrs. Miss Ms. Dr. Male Female Marital Status: Married Single
 First Name _____ MI _____ Last Name _____ Birth Date ____/____/____
 Address _____ City _____ Zip _____
 Home Phone _____ - _____ - _____ Business Phone _____ - _____ - _____
 Cell Phone _____ - _____ - _____ Email Address _____
 Occupation _____
 Employer _____
 Jewish _____ Non-Jewish _____ (optional)

Secondary Member

Mr. Mrs. Miss Ms. Dr. Male Female
 Relationship to Main Member: Partner/Spouse
 First Name _____ MI _____ Last Name _____ Birth Date ____/____/____
 Address _____ City _____ Zip _____
 Home Phone _____ - _____ - _____ Business Phone _____ - _____ - _____
 Cell Phone _____ - _____ - _____ Email Address _____
 Occupation _____
 Employer _____
 Jewish _____ Non-Jewish _____ (optional)

Emergency Contact Information

Name (other than spouse or partner) _____
 Phone _____ - _____ - _____

Dependents

First Name	MI	Last Name if Different	Sex	Birth Date	Grade

Interests

fitness center aquatic classes indoor pool
 outdoor pool group exercise aerobics classes
 personal training daycare/preschool youth programs
 teen programs family programs adult programs
 senior programs sports programs summer camp

How did you hear about us?

newspaper phonebook radio
 website friend/relative Facebook
 drive by workplace other
 previous members

Have you taken a tour of the facility before joining? Yes No

Referred by: _____

Completed by Staff Member: _____

12-MONTH MEMBERSHIP (2011-2012)

	Paid in Full	Monthly	C100 Paid in Full	C100 Monthly	C50 Paid in full	C50 Monthly
Family	\$984	\$82.01	\$876.01	\$73.00	\$930	\$77.50
(2 adults married or in a committed relationship with children)						
Adult Couple	\$840	\$70.00	\$735	\$61.25	\$787	\$65.58
(Married or in a committed relationship with no children)						
Single Parent Family	\$746	\$62.16	\$639	\$53.25	\$693	\$57.75
(Married, divorced, widowed or unmarried with children)						
Single Adult (Age 30 and Over)	\$682	\$56.83	\$575	\$47.91	\$628	\$52.33
Young Adult* (Age 18-29)	\$438	\$36.50	n/a	n/a	\$385	\$32.09
Senior Adult Couple* (Age 70+)	\$478	\$39.83	n/a	n/a	\$425	\$35.42
Senior Adult* (Age 70+)	\$367	\$30.59	n/a	n/a	\$313	\$26.08

*Young Adult and Senior Categories will receive a \$50 discount if eligible.

*Optional Services	Annual	Check One	Circle One
Towel Service (per family)	\$35		
*Small Locker	\$75		M / W
*Large Locker	\$150		M / W
*Senior Small Locker (70+)	\$50		M / W
*Senior Large Locker (70+)	\$100		M / W

*Locker rental includes towel service

MEMBERSHIP PAYMENT OPTIONS

Name _____ 12-Month Expiration Date _____

A. MONTHLY AUTOMATIC PAYMENT PLAN: Initial payment for new members includes:
 Registration fee \$ _____ Prorated amount \$ _____ 12 Monthly Payments @ \$ _____

1. Automatic Credit/Debit Card (payment on the 1st of each month):
 Credit/Debit Card: ___ Visa ___ Mastercard ___ Discover ___ Amex
 Name on Card _____ Account # _____
 Exp. Date _____ CID # _____

2. Automatic Withdrawal from _____ Checking _____ Savings Account (payment on the 1st of each month):
 Must attach a voided check for registration, proration and/or optional services.

B. PAYMENT IN FULL

_____ Cash or Check Annual Amount: \$ _____ Registration Fee: \$ _____ Proration Fee: \$ _____

Credit/Debit Card: ___ Visa ___ Mastercard ___ Discover ___ Amex
 Name on Card _____ Account # _____
 Exp. Date _____ CID # _____

I hereby apply for a 12-month membership to the Shaw JCC of Akron and agree to abide by its rules and by-laws. Membership dues are payable in advance if paid in full or through monthly automatic payments which will automatically renew each year on my renewal date unless I give written cancellation notice to the Shaw JCC 30 days prior to my renewal date. After the first year, my membership is on a month-to-month basis and therefore, can be cancelled at any time with a 30-day written cancellation notice. Membership dues are not transferable or refundable.

Use of the Shaw JCC facility, participation in Shaw JCC of Akron clubs, classes, teams, athletic events & leagues, trips, camps, special events, ("activities") & use of recreational facilities involves risk of serious injury or harmful medical effects, despite safety precautions. Having been informed of activities to be conducted by Shaw JCC of Akron, I/We, as individual or as parent(s) of participant named herein, assume all risks and hazards incidental to programs and activities and release from responsibility and agree to indemnify and hold harmless Shaw JCC of Akron, its directors, officers, instructors, coaches, counselors, other employees, for any illness or injury to me/us or my/our children or family members resulting from his/her/our ("activities") at/or conducted by Shaw JCC of Akron. The Shaw JCC of Akron reserves the right to revoke any membership in event of inappropriate behavior, failure to follow safety rules and/or disruptive behavior to Members or Staff.

I hereby give my permission to The Shaw JCC of Akron to use the name and photographic likeness of all individuals included on this membership application in all forms and media for advertising, trade, and any other lawful purpose. _____ (please initial)

Signature _____ Date _____

6-MONTH MEMBERSHIP (2011-2012)

Category	Total Annual Fee	Monthly	Registration Fee
Family (2 adults married or in a committed relationship with children)	\$570.00	\$95.00	\$50
Adult Couple (Married or in a committed relationship with no children)	\$468.00	\$78.00	\$50
Single Parent Family (Married, divorced, widowed or unmarried with children)	\$408.00	\$68.00	\$50
Single Adult (Age 30 & over)	\$392.01	\$65.34	\$50
Young Adult (Age 18-29)	\$252.00	\$42.00	\$50
Senior Adult Couple (Age 70+)	\$275.99	\$46.00	\$50
Senior Adult (Age 70+)	\$212.00	\$35.34	\$50

*Six-Month Memberships do not offer locker or towel service.

MEMBERSHIP PAYMENT OPTIONS

Name _____ 6-Month Expiration Date _____

A. MONTHLY AUTOMATIC PAYMENT PLAN: Initial payment for new members includes:

Registration fee of \$ _____ Prorated amount of \$ _____ 6 Monthly Payments @ \$ _____

1. Automatic Credit/Debit Card (payment on the 1st of each month):

Credit/Debit Card: Visa Mastercard Discover Amex

Name on Card _____ Account # _____

Exp. Date _____ CID # _____

2. Automatic Withdrawal from _____ Checking _____ Savings Account (payment on the 1st of each month):

Must attach a **voided** check for registration, proration and/or optional services.

B. PAYMENT IN FULL

Cash or Check Total Amount: \$ _____ Registration Fee: \$ _____ Proration Fee: \$ _____

Credit/Debit Card: Visa Mastercard Discover Amex

Name on Card _____ Account # _____

Exp. Date _____ CID # _____

I hereby apply for a **6-month membership** to the Shaw JCC of Akron and agree to abide by its rules and by-laws. Membership dues are payable in advance if paid in full or through monthly automatic payments. **At the end of 6 months, I will have the option to continue my membership at the reduced current 12-month rate; otherwise, my membership will automatically cancel, and I may be subject to a reactivation fee if I decide to rejoin.** After the first year, my membership is on a month-to-month basis and therefore, can be cancelled at any time with a **30-day written cancellation notice**. Membership dues are not transferable or refundable.

Use of the Shaw JCC facility, participation in Shaw JCC of Akron clubs, classes, teams, athletic events & leagues, trips, camps, special events, ("activities") & use of recreational facilities involves risk of curious injury or harmful medical effects, despite safety precautions. Having been informed of activities to be conducted by Shaw JCC of Akron, I/We, as individual or as parent(s) of participant named herein, assume all risks and hazards incidental to programs and activities and release from responsibility and agree to indemnify and hold harmless Shaw JCC of Akron, its directors, officers, instructors, coaches, counselors, other employees, for any illness or injury to me/us or my/our children or family members occurring during his/her/our ("activities") at/or conducted by Shaw JCC of Akron. The Shaw JCC of Akron reserves the right to revoke any membership in event of inappropriate behavior, failure to follow safety rules and/or disruptive behavior to Members or Staff.

I hereby give my permission to The Shaw JCC of Akron to use the name and photographic likeness of all individuals included on this membership application in all forms and media for advertising, trade, and any other lawful purpose. _____ (please initial)

Signature

Date

The Shaw JCC of Akron
WAIVER and RELEASE OF LIABILITY

In consideration of my voluntary participation at the Jerry Shaw Jewish Community Center of Akron for any purpose including, use of facilities, participation in activities and programs or participation in any way the Undersigned Hereby Agrees to the following:

The Undersigned Hereby acknowledges, agrees, and represents that he/she has inspected such premises and equipment and the Undersigned finds and accepts them as being safe and reasonably suited for the purposes of use.

The Undersigned Hereby Releases, and Covenants not to Sue The Jerry Shaw Jewish Community Center of Akron, its owners, employees, and instructors from any and all claims resulting from ordinary negligence for loss, damage, or theft of personal property, personal injury or death, while the undersigned is in, upon, or about the premises or any facilities or equipment, therein. **The Undersigned hereby voluntarily waives any and all claims resulting from ordinary negligence both present and future** that may be made personally, by family, estate or assigns.

The Undersigned Hereby Agrees to Indemnify and Hold Harmless The Jerry Shaw Jewish Community Center of Akron and others listed from any loss, liability, damage or cost that may incur due to the presence of the Undersigned, on or about the premises of The Jerry Shaw Jewish Community Center of Akron whether caused by the negligence of the releases or otherwise.

The Undersigned is aware that health and fitness club activity may range from vigorous cardiovascular activity (i.e. aerobics, cycling, swimming, steppers, treadmills) to the strenuous exertion of strength training (i.e. free weights, weight machines). The Undersigned fully understands that these and other physical activities at The Jerry Shaw Jewish Community of Akron may involve certain risks, including, but not limited to, death, neck or spinal cord injury, heart attack, injury to the bones, joints, or muscles, shin splints, heat prostration, knee/lower back/foot injuries, and any other illness, soreness, or injury that could occur during or after participation in any program.

The Undersigned declares that he/she is physically sound and suffers no condition, impairment, disease, or other illness that would prevent participation or use of equipment. The Undersigned acknowledges that he/she has been informed of the need for a physician's approval to participate in an exercise/fitness activity or in the use of exercise equipment. The Undersigned acknowledges he/she has had either a physical exam and been given a physicians permission to participate or that they have decided to participate in activity and use of equipment without the approval of a physician and do hereby assume all responsibility for his/her participation and utilization of all equipment.

The Undersigned clearly understand that no representations or warranties of any kind, whether expressed or implied, have been made to the undersigned guaranteeing the results of the program in which the undersigned has enrolled.

The Undersigned acknowledges and agrees that the course in which they have enrolled is restricted to The Jerry Shaw Jewish Community Center of Akron and does not have the right to assign his/her rights to the course. The Undersigned further acknowledges and agrees that the enrollment contract can not be cancelled and that he/she is entitled to no refunds under any circumstances.

The Undersigned agrees he/she has read this entire document before signing below, The Undersigned fully realizes that this is a legal document, which affects any claims that he/she may have resulting from the use of The Jerry Shaw Jewish Community of Akron. The Undersigned further understands that this Waiver and Release of Liability is intended to be broad and inclusive and if any portion is deemed void in a court of law it is agreed that this will have no effect on the remainder of the waiver.

Name (printed) _____ Effective date _____

Address _____

Phone (H) _____ (W) _____

Signature _____
(Parent or legal guardian if under 18 years of age)

PAR-Q: “Pre-Exercise” Questions

(Physical Activity Readiness Questionnaire)

Please circle your answer on the sheet provided

YES	NO	Has your doctor ever said that you have a heart condition AND that you should only do physical activity prescribed by a doctor?
YES	NO	Do you feel pain in your chest when you do physical activity?
YES	NO	In the past month, have you had chest pain(s) when you were not doing any physical activity?
YES	NO	Do you lose your balance because of dizziness or do you ever lose consciousness?
YES	NO	Do you have a bone or joint problem that could be made worse by a change in your physical activity?
YES	NO	Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
YES	NO	Are you currently pregnant or know of any other reason why you should not do physical activity?

If you answered **YES** to one or more questions:

If you answered yes to one or more questions, you are older than age 40, and/or have been inactive or are concerned about your health, the Shaw JCC will require that you will receive a physician’s consent before beginning an exercise regimen at the Shaw JCC. The Shaw JCC will require a signed medical clearance release form to be hand delivered, faxed, or mailed to the JCC before you begin your exercise program. In most cases, you will still be able to do any type of activity you want as long as you adhere to some guidelines that your physician prescribes for you.

If you answered **NO**:

If you answered no to all the PAR-Q questions, you can be reasonably sure that you can exercise safely and have low risk of having any medical complications from exercise. It is still important to start slowly and increase gradually. It may also be helpful to have a fitness assessment with a personal trainer in order to determine where to begin. If any of your health questionnaire questions change during your membership at the Shaw JCC, please notify the Shaw JCC immediately.

When to delay the start of an exercise program:

- If you are not feeling well because of a temporary illness, such as a cold or a fever, wait until you feel better to begin exercising.
- If you are or may be pregnant, talk with your doctor before you start becoming more active.

Member signature

Date

