JCC MEMBER WAIVER & INFORMATION SHEET

(Parent or guardian must sign for minors under 18 years of age.)

(Please Print Legibly)

Today	y's Date:	
Name:	Home Phone:	
Name of Spouse Listed on Your Members	hip (if applicable):	
Name of Dependents Listed on Your Membership (if applicable):		
First Name	Last Name	Age
1		
2		
3		
4		
Person to Contact in case of Emergency:		
Name	Home Phone	Work Phone
Relationship	_	
The undersigned hereby agrees to indemnify and independent contractors from and against any a bodily injury, sickness or death resulting from u Community Center's Family Sport and Fitness C	nd all claims, damages and ex se of this facility and/or partic	penses arising out of any damages,
I understand that there are risks associated w injuries, abnormal blood pressure, fainting, irreg stroke or death. I understand that should I h consult with a physician before beginning an ph am taking full responsibility for my health should	gular fast or slow heart rhyth nave any known medical con nysical exercise program, and	ms, and in rare instances, heart attack ndition, that it is my responsibility to I acknowledge that by signing below, l
I understand that as a member of this facility carefully use the equipment within. I assume th using the equipment improperly, or failing to trainers are available by appointment. Member within the first month of their membership. To possible injuries, and/or complication. I have read and agree with the pre-	ne responsibility of any and all check the stabilization of t is are highly advised to take the JCC recommends that all	l injuries that might occur as a result of the equipment prior to use. Personal advantage of 1 free orientation session members use the trainers to minimize
Signature:		Date:
Parent's Signature (if under 18 years):		Date:

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How did you hear about the JCC Family Sport	s and Fitness Center? (Please check all that apply)
□ Existing JCC Member /□ Existing JCC Employ	ree: Whom
□ Friend / □ Relative: Whom	
□ Newspaper: Source	
□ Literature: Source	
□ Medical Professional: Whom	
□ Employer/Corporate: Whom	
□ Radio/Television Ad: Station	
□ Other:	
New Member Privileges	
our Sport and Fitness Director. During this tim limitations you may have will be discussed. You counseling, and a basic exercise program will be be put through a light workout; all focused on he familiarized with the cardiovascular and strength	It to one free one hour fitness orientation session with ne, a health assessment will be taken and any concerns or will go through some basic goal setting, nutrition outlined. Based on your goals and past history, you will liping you achieve your goals. If desired, you will be not training equipment and equipment settings will be bout all that the fitness center has to offer, and how to each your goals.
month of membership. Research has shown that	ake advantage of this session, ideally during the first t people who meet with a trainer within the first 3 days and longer. We want you to be able to get the most out how!
	of free guest passes when signing up for membership. sit and passes must be presented at the time of visit.
For further information on JCC Family Sports & manual.	Fitness Center policies, please refer to your membership
I have read and agree with the above statemen number of free guest passes and that I have red Membership Manual.	ts. I also acknowledge that I have receivedeived a JCC Family Sports and Fitness Center
Signature	Date
Parent's Signature (if under 18 years)	Date