



# SWIM MEMBERSHIP APPLICATION

Kaiserman JCC • 45 Haverford Rd. Wynnewood, PA 19096 • 610-896-7770 x100 • www.phillyjcc.com

April 2021

NEW MEMBER  RENEWAL  CHANGE

Referred by (Member Name): \_\_\_\_\_

### SESSION 1 (MAY 1-MAY 28)

Individual Adult

### SESSION 2 (MAY 29-SEPT. 6)

- Family
- Couple
- Individual Adult
- Couple Senior
- Individual Senior

### SESSION 3 (SEPT. 9-26)

Individual Adult  
Children (No Charge)

## APPLICANT INFORMATION

**Primary Member**  Mr.  Mrs.  Ms.  Dr.  Rabbi

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender  M  F DOB \_\_\_\_\_

Home Address (no PO box's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Second Adult**  Mr.  Mrs.  Ms.  Dr.  Rabbi

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender  M  F DOB \_\_\_\_\_

Home Address (no PO box's) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### Children

#1 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender  M  F DOB \_\_\_\_\_

#2 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender  M  F DOB \_\_\_\_\_

#3 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender  M  F DOB \_\_\_\_\_

#4 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gender  M  F DOB \_\_\_\_\_

## MEMBERSHIP AGREEMENT

All memberships are non-refundable and non-transferable. I will abide by all the rules and regulations of the Kaiserman JCC and understand my membership may be terminated without refund if rules are broken. Any membership increases will be made by written notice in advance. I understand that all members on a family membership must be living in the SAME home. I consent to emergency care of me or my family by the JCC and its staff, agents or health care providers designated by them, in accordance with their best judgement. I agree that it is my responsibility to provide insurance to cover injuries arising from participation in JCC activities or programs. I give permission for the JCC to use photos of me/my family in promotion of programs/services of the Kaiserman JCC.

I understand ALL memberships auto renew until I provide the JCC with written cancellation 30 days in advance:  \_\_\_\_\_

I understand ALL memberships may have an increase upon renewal:  \_\_\_\_\_

I understand children under the age of 16 (must have ID) are not eligible to purchase guest passes:  \_\_\_\_\_

I understand teen guests (13-15) must be signed in by a parent or guardian:  \_\_\_\_\_

I understand if I am cancelled for nonpayment, a new joining fee & past due amounts will be assessed upon renewal  \_\_\_\_\_

*By my signature below, I release, hold harmless, and indemnify the Kaiserman JCC and the Jewish Federation of Greater Phila, as well as it's agents and employees, from and against any liability on their part, of any kind whatsoever, which may arise in any manner, from use of the JCC's facilities.*

**SIGNATURE**  \_\_\_\_\_ **Date**  \_\_\_\_\_

**EMERGENCY CONTACT NAME**  \_\_\_\_\_ **Phone**  \_\_\_\_\_

### BILLING INFORMATION/PAYMENT AUTHORIZATION:

**Pay in Full:** paid in full by check, cash, or credit card in the amount of \$\_\_\_\_\_.

**Monthly Payments:** monthly payment by credit card in the amount of \$\_\_\_\_\_.

I/We authorize the Kaiserman JCC to charge my credit card for the monthly amount on the  5th,  10th,  20th

**Credit Card Type (check one):**  Visa  MasterCard  Discover

Card Number: \_\_\_\_\_ CVV# \_\_\_\_\_

Expiration Date (MM/YYYY): \_\_\_\_\_ Cardholder's Name as it appears on the card: \_\_\_\_\_

If your credit card is denied for any reason, you have 7 days to re-establish a payment plan at the membership rates in effect at that time. If the situation is not rectified within 2 billing cycles, your membership will be cancelled and no refunds for any programs will be issued. If termination for non-payment occurs, you will be required to pay all past due amounts and may be charged a joining fee to reinstate. The info provided on this form will be used exclusively for billing purposes. Your address and telephone number are used for credit card verification purposes, to protect you against fraud and to minimize credit card processing fees.

**STAFF USE ONLY:**  Quatro  Payment Confirmed  Sent to Fitness  Welcome sent  On Spreadsheet Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_