



Membership Application

Membership Type (Descriptions on page 2)

- Family**
- One Adult + Kids**
- Single Adult** (Age: 30+)
- Adult Couple** (Age: 30+)
- Senior** (Age: 65+)
- Senior Couple** (Age: 65+)
- Young Adult** (Age: 16-29)

Corporate Partner: Yes No

Employer: _____

How Did You Hear About Us?

- Website
- Facebook
- Instagram
- Newspaper
- Google/Website
- Workplace
- Direct Mail
- Billboard
- Website
- Other _____

Member Referral
Name: _____

Refer a new member and earn \$25
towards JCC programs

Primary Member Information

First Name: _____ Middle Name: _____ Last Name: _____ Sex: _____

Birth Date: ___/___/___ Email: _____ Phone: _____ Cell Home

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Jewish Yes No Congregation: _____

Emergency Contact Name: _____ Relation: _____ Phone: _____

Secondary Member Information

Relationship To Primary Member: Spouse Partner Other: _____

First Name: _____ Middle Name: _____ Last Name: _____ Mr. Mrs. Ms. Dr.

Birth Date: ___/___/___ Email: _____ Phone: _____ Cell Home

Employer: _____ Jewish Yes No Congregation: _____

Emergency Contact Name: _____ Relation: _____ Phone: _____

Child / Sub-Member Information

Name: _____

Sex: _____ Date of Birth: ___/___/___

Name: _____

Sex: _____ Date of Birth: ___/___/___

Name: _____

Sex: _____ Date of Birth: ___/___/___

Name: _____

Sex: _____ Date of Birth: ___/___/___

Relationship To Primary Member: _____

Email: _____ Phone: _____

Relationship To Primary Member: _____

Email: _____ Phone: _____

Relationship To Primary Member: _____

Email: _____ Phone: _____

Relationship To Primary Member: _____

Email: _____ Phone: _____

Emergency Contact Name: _____ **Relation:** _____ **Phone:** _____



Membership Rates

	Monthly	Annual	Registration
Single Adult —Ages 30 & Over	\$77	\$924	\$100.00
Adult Couple Adults in a committed relationship with no kids on the membership	\$95	\$1,140	\$100
One Adult + Kids One adult parent including children 23 years old and under	\$92	\$1,104	\$100
Family Adults in a committed relationship includes children 23 years old and under	\$115	\$1,380	\$100
Young Adult —Ages 16-29	\$54	\$648	\$75
Senior —Ages 65+	\$44	\$528	\$75
Senior Couple —Ages 65+	\$57	\$684	\$75

Monthly Corporate Rates (10% off)

Single Adult	\$69.30
Adult Couple	\$85.50
Single Parent Fam.	\$82.80
Family	\$103.50
Young Adult	\$48.60
Senior	\$39.60
Senior Couple	\$51.30

No Registration Fee

Summer Memberships (Memorial Day—Labor Day)

Family \$675 | Adult Couple \$480 | Single Adult \$375

Optional Services

- Large Locker Rental \$13/M or \$156/Yr
- Small Locker Rental \$6.75/M or \$85/Yr
- Senior Large Locker \$8.34/M or \$100.08/Yr
- Senior Small Locker \$4.17/M or \$50.04/Yr
- Individual Towel Service \$16/M or \$192/Yr
- Family Towel Service \$32/M or \$384/Yr

Families Supporting Families Contribution

The Shaw JCC of Akron is an IRS qualified non-profit charitable organization. Your tax deductible donation will help a child go to Camp JCC or the Mandel Early Childhood Education Center, give a struggling family a welcoming, safe place to get healthy, or provide a senior with an opportunity to connect with others and get support. Your gift of any size will make a tremendous difference in the lives of families in our community. It takes just one person to make a difference. BE the ONE.

_____ **I WOULD** _____ **I WOULD NOT** like to make a donation to the Families Supporting Families annual giving program. If making a donation today, please fill out the following information.

I would like my donation to be:

- Monthly donation added to my recurring monthly charges
- One-time donation added to my amount due today

Donation Amount \$ _____



Agreement and Payment

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. If I fail to make payments on my membership for 2 consecutive months I agree that my membership will automatically be cancelled and I will be charged a cancellation fee of \$100.00 in addition to my missed dues payments. I am hereby agreeing to give a 30-day cancellation notice if I wish to cancel my membership after my initial contract period. I also agree that if I wish to cancel prior to my initial contract period that there will be a \$100.00 cancellation charge in addition to my 30-day notice.

Primary Member Signature _____ **Date** _____

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. I/We agree to abide by the Shaw JCC video and photography policy, which includes, No videos or photos taken on the Shaw JCC premises may be shared or posted on social media that contain provocative images, hate speech, false narratives, explicit language or music, or negative content.

Primary Member Signature _____ **Date** _____

Payment Method

- Payment Options (select one)** Monthly Automatic Payment (1st of each month) Pay in Full (annually)
- Option 1: Bank Auto draft (preferred method)
 - Option 2: Card Auto draft
 - Option 3: Cash or Check (this method can only be used if you are paying in full)

Bank Account:

Account Type: Checking or Savings Bank Name: _____
Routing Number: _____ Account Number: _____

or

Card (3% Fee Applied to Credit Card Drafts)

Name on Credit/Debit Card: _____ Type: Visa MC Discover
Credit/Debit Card Number: _____ Expiration Date: ___/___/___ CWV: _____

OFFICE USE ONLY: Member Service Representative: _____ Date: _____

Initial below once complete:

New Member Account Number (main only) : _____

Upace Account _____ Coded Card _____ Reviewed Billing/Repetitives _____ Background & Security _____

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	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 slowing 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 _____





Shaw JCC
Akron

Unaccompanied Minors Policy on Campus

All children under the age of 14 must be accompanied by a parent or responsible adult when entering and exiting the building. Under no circumstances will a minor under the age of 14 be permitted to remain in the building unless accompanied by a responsible adult or in a supervised program.

Programming Protocol

Minors must be escorted to and from their program by a parent or designated responsible adult. For security reasons, the front doors are automatically locked at 6:00pm. Therefore, all participants in activities ending after 6:00pm, must exit the building through the rear doors. If you are remaining on Campus during your child's activity, or coming in to pick-up your child after 6:00pm, please park in the rear parking area.

Once a coach or staff member is with the child, they will assume responsibility for the safety of said child(ren) during the activity or until such time as a responsible adult comes to get them. When the program is over, parents/responsible adult must meet the minor in the appropriate activity area. Children under the age of 14 will not be permitted to walk unattended around the JCC building and staff will not release them from the designated activity area until the parent or their representative arrives.

Swim Team Protocol

Minors taking part in a swimming activity must be accompanied in and out of the locker rooms by an adult responsible for their safety. For Swim Team, the coach/assistant coach or designated locker room monitor will accompany the minor swimmer from the pool to the locker room and assume responsibility until the minor is under the supervision of the responsible adult with whom they will exit the building.

Under no circumstances will a child under the age of 14 be permitted to exit the supervised program activity (or the building) unless accompanied by a parent/responsible adult.

Please know that our highest priority is the safety of our members, and we value the trust you place in us every time you or your loved ones walk through our doors.



Member Name

Member Signature

____/____/____

Date



Schultz Campus for Jewish Life
750 White Pond Drive | Akron, Ohio 44320 | (330) 867-7850

www.shawjcc.org

Participant Waiver and Release

THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully. By signing this Agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury illness, lost income, medical expenses or property damage however caused arising out of or related to your participation in programs or activities at, sponsored by, or affiliated with the Jewish Community Board of Akron (dba "JewishAkron"), Shaw Jewish Community Center (the "JCC"), or The Lippman School ("TLS") (collectively and individually referred to as the "Agencies") now or at any time in the future (collectively, "Agency Activities").

Status

I participate in Agency Activities in the following ways (mark all that apply):

- I am a member or part of a membership unit.
- I am the parent/guardian of a student or other minor participant.
- I am the adult responsible for the minor participant.
- I am a volunteer.
- I am a guest or visitor.

Acknowledgment of Risk and Agreement to Follow Rules

I hereby acknowledge and agree that participation in Agency Activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with Agency Activities, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria, including but not limited to the Coronavirus and COVID-19. I further acknowledge that the preceding list is not inclusive of all possible risks associated with participation in Agency Activities and that said list in no way limits the operation of this instrument or the releases and waivers provided in it.

The Agencies have adopted rules and precautions related to such risks. I agree to follow all such rules, precautions and directions and to truthfully answer questions by representatives of the Agencies and have instructed any minor for whom I am guardian, parent or responsible adult to do the same.

Waiver, Release, Indemnification & Covenant Not to Sue

In order for me, and any minor participant for whom I am guardian, parent or responsible adult, to be permitted to participate in any Agency Activities, I, on behalf of myself, my heirs (including any such minor participants), representatives, executors, administrators, and assigns, HEREBY DO RELEASE the Agencies, their officers, directors, members, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but not way limited to, claims related to, or arising from negligence, personal injury, illness, lost income, medical expenses, property damage, death or accident or other loss of any kind, whether known or unknown, arising out of, or in any way related to the use of the facilities/equipment of the Agencies or participation in supervised or unsupervised Agency Activities ("Claims") which I, my heirs (including any such minor participants), representatives, executors, administrators and assigns may have, now or in the future, against the Releasees, regardless how the events giving rise to such Claims occurs. Further, I, for myself and for any minor participant, hereby waive and release any subrogation claim or right that I (and any minor participant for whom I am guardian, parent, or responsible adult), any insurance company or third party may have or could assert related to the Claims against the Releasees to the fullest extent permitted under law.

In consideration of my (or any minor participant for whom I am guardian, parent, or responsible adult) participation in Agency Activities, I, for myself and for any such minor participant, agree to INDEMNIFY, DEFEND AND HOLD HARMLESS the Releasees from any and all Claims released in this instrument in any way related to my (or any such minor participant's) participation in Agency Activities whether asserted, brought or participated in by me, my minor participant, or any third party on our behalf against the Releasees.

I hereby certify that I have knowledge of the nature and extent of the risks inherent in participation in Agency Activities and that I, for myself and for any minor participant for whom I am guardian, parent, or responsible adult, am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, illness, lost income, medical expenses, property damage, death or accident or other loss of any kind, I, or any minor participant, sustain while, or as a result of participating in Agency Activities and that by signing this instrument I, for myself and for any minor participant, HEREBY RELEASE Releasees from all liability for any and all Claims.

I, for myself and any minor participant for whom I am guardian, parent, or responsible adult, further certify that to my actual knowledge, I (and such minor participant) am in good health and that I (and such minor participant) have no conditions or impairments which would preclude safe participation in Agency Activities.

If on behalf of a volunteer: I understand that I am in no way, shape or form an employee of the Agencies. I understand and agree that I will not receive any compensation or benefit for my participation in volunteer activities, nor will I be eligible for any coverage under any of the Agencies' employee benefit programs or Workers' Compensation laws of Ohio.

I AM OF LAWFUL AGE AND OTHERWISE LEGALLY COMPETENT TO SIGN THIS INSTRUMENT. I FURTHER UNDERSTAND THAT THE TERMS OF THIS INSTRUMENT ARE LEGALLY BINDING AND CERTIFY THAT I HAVE CAREFULLY READ IT AND UNDERSTAND IT, AND AM SIGNING IT OF MY OWN FREE WILL.

This instrument is duly executed this ___ day of _____, ____.



Participant Signature

Participant Name (Print)

Also, if on behalf of a minor: I am and have the legal capacity to act as the parent/guardian/responsible adult of the named minor and to bind such minor pursuant to the terms of this instrument. All acknowledgements, representations, waivers, releases, indemnifications, and covenants in this instrument shall apply to both me and the named minor.

Minor Participant Name (Print)

Date

Parent/Guardian/Responsible Adult Signature

Parent/Guardian/Responsible Adult Signature (Print Clearly)



JCC FitPlan Questionnaire—Optional (can be turned in anytime)

Name _____

Phone Number _____ Email: _____

Welcome to the JCC Fitness Center. We are looking forward to helping you achieve your fitness goals! The JCC FitPlan includes 1 FREE session working with one of our expert Certified Personal Trainers. This session includes an interview and physical assessment to understand your goals and your current ability. Using the knowledge acquired here, your Trainer will then take you through a sample workout and teach you how to use the equipment. This will give you a great start to building a regular exercise program!

What is your main goal signing up for a FitPlan and what do you hope to accomplish?

If you achieved your fitness goals tomorrow, what would that look like? What do you believe it would take to achieve those goals? (how many days per week, how long, what type of exercise).

What is your previous experience with exercise? Have you ever worked with a Personal Trainer?

Are you interested in nutritional guidance, eating intuitively, help with meal planning or struggles in your relationship with food? Do you have dietary issues that you need to address with an RDN?

What are the best times for you to schedule an appointment? (days & times)