



SENIOR SOCIAL J REGISTRATION APPLICATION

Aaron Family JCC • 7900 Northaven Road • Dallas, TX 75230

Phone 214-739-2737 • Fax 214-368-4709 • jccdallas.org

FOR OFFICE USE ONLY

Received by _____ Registration # _____ Date Started ___/___/___

How did you find out about us? _____

Member Referral (name) _____

VALID ONLY FROM _____

PLEASE PRINT AND COMPLETE FOR EACH MEMBER OF THE FAMILY

	ADULT (01)	ADULT (02)
Circle one (optional):	Mr. / Mrs. / Ms. / Dr. / <u>Other</u>	Mr. / Mrs. / Ms. / Dr. / <u>Other</u>
First Name / M.I.		
Last Name		
Date of Birth	/ /	/ /

MEMBERSHIP LEVELS

Senior Social J	\$44 per individual, per year; \$88 for family, per year. Members must be age 65 or older.	
Fit J	Contact me about other membership levels available that include unlimited use of the sports+fitness facility	
Contributing Member	Contact me about making a tax-deductible donation to enable others to join the J who are financially unable	

MEMBERSHIP BENEFITS

ENTERTAINMENT

Lectures
Live Music
Dancing

ARTS

Painting
Chorus
Knitting

DAY TRIPS*

Museums
Casino
Theater

ACTIVITIES

Games
Computer Class
Book Club

Hot coffee always available in the lounge and nutritional kosher lunch served Monday-Friday (with a nominal donation requested).

* Additional fee may apply

PLEASE READ AND SIGN

GUEST POLICY: We honor memberships from other JCC, and most Jewish Centers offer reciprocity to our Members. Out of town visitors may come to the J as often as he/she wishes as a paying guest of the Dallas Member. Dallas area residents may be a guest of a J Member four times during the year. The daily Guest Fee for ages 16 and over is \$10 and \$5 for guests under 16 years old.

OPEN DOOR POLICY: The J is open to everyone regardless of race, religion or national origin. Limited scholarship assistance for Total J Membership is available for those who qualify for financial need. To apply for assistance, please call 214-239-7107.

FEES: The J accepts cash, local checks, VISA and MasterCard only. Payment in full is required. Sorry, no refunds given on Senior Social J memberships.

Signature _____

Date _____



Jewish Community Center of Dallas

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ADULT HEALTH CARD

PLEASE PRINT ALL INFORMATION

Date ____/____/____

Name _____ Date of Birth ____/____/____

Male Female

Address _____ City _____ Zip _____

Participant's Email Address _____

Home Phone _____ Business Phone _____ Cell Phone _____

Insurance Carrier _____ Policy Holder _____ Policy Number _____

or N/A

List any physical conditions including allergies, illnesses, or injuries that we should be aware of: _____

AUTHORIZATION FOR EMERGENCY. THE FOLLOWING MAY ACT IN MY BEHALF (Individuals listed below may have access to my health information):

Name _____ Relationship _____

Home Phone _____ Business Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Business Phone _____ Cell Phone _____

WAIVER AND RELEASE

On behalf of myself and our personal representatives, heirs and next-of-kin, as consideration for and a condition of my family being permitted to be Senior Social J members of the Aaron Family Jewish Community Center (the "J"), I agree that my family's use of the J's facilities and participation in the J's programs is done at my family's own risk. I hereby release, waive, discharge and agree not to sue the J or any of its affiliates, officers, directors of other representatives, from, for or with respect to any and all liability, loss or damage arising from or relating to any injury or death to any person or loss, damage or destruction to any property, including whether caused by any negligence or gross negligence in, on, or about the premises of the J or otherwise, arising out of or relating to my family's use of the J's facilities or participation in the J's programs.

I hereby grant the J permission to use the name, likeness, personal success story and photographs, films and videotapes of me and other members of my family for the purpose of publicizing the J. This permission includes, but is not limited to, identification of the members of my family by pictures and/or name in printed materials, newspapers and magazine articles, radio and television broadcasts, Facebook and all social media, and the J's website.

I have carefully read the foregoing and understand and agree to its terms and conditions.

Date ____/____/____ Signature _____

Date ____/____/____ Spouse's Signature _____