



Jewish Community Center of Southern Nevada
 9001 Hillpointe Rd
 Las Vegas 89134
 (702) 794-0090 fax (702) 794-2456 www.jccsn.org



Quick and Easy JCC Membership Form

Please check if all information remains the same as last year's.

1st Adult Member:

Name: _____ DOB: _____ Gender: M F
 Household Address/City/State/Zip: _____
 Email: _____ Home Phone: _____ FAX: _____
 Work Phone: _____ Cell Phone: _____
 Occupation: _____ Place of Employment: _____

2nd Adult Member:

Name: _____ DOB: _____ Gender: M F
 Email: _____
 Work Phone: _____ Cell Phone: _____
 Occupation: _____ Place of Employment: _____

Additional Members in Household:

Name: _____ DOB: _____ Gender: M F
 Name: _____ DOB: _____ Gender: M F
 Name: _____ DOB: _____ Gender: M F
 Name: _____ DOB: _____ Gender: M F

Religious Faith: _____ Synagogue Affiliation: _____

RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE

I understand and acknowledge that some JCC activities have inherent dangers that cannot be eliminated, notwithstanding the rules of play or the condition of the premises and any equipment used. I assume all risk of personal injury sustained while participating in JCC activities, including the risk of passive or active negligence of the JCCSN or of any other participant. I understand that there may be other unknown or unforeseeable risks involved.

In consideration of being permitted to engage in programs sponsored by the Jewish Community Center of Southern Nevada ("JCCSN"), the undersigned, for him/herself and the members of his/her household, hereby release, waive, discharge and covenant not to sue the JCCSN, its officers, directors, employees for any acts of negligence in conjunction with a JCCSN program.

I HAVE READ THIS RELEASE

Date: _____ Signature of Applicant: _____

Annual Dues:

\$50 per individual/\$75 per household

Dues: \$ _____ + Additional Contribution: \$ _____ = Total Enclosed: \$ _____

Payment:

Check made payable to JCC VISA MasterCard American Express Discover

Name as it appears on Card: _____ Expiration Date: _____
 Account Number: _____ Security Code _____ (3 digits on back of card)
 Signature: _____ Date: _____

An additional tax-deductible contribution will help the JCC make programs and services available when general membership dues and program fees may be insufficient.