



**Jewish Community Center of Southern Nevada**  
 4794 S. Eastern Avenue, Ste. C  
 Las Vegas 89119  
 (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

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.*