

Schenectady JCC

Silver Sneakers and Optum(Renew Active)

Membership Application

Please print clearly

Adult Member

First Name _____ Last Name _____

Gender _____ Date of Birth ____/____/____

Address _____ City/State/Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____

Email Address _____

Employer _____ Occupation _____

Business Phone (____) _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone (____) _____

Jewish: ☐ Yes ☐ No Synagogue: _____

Medicare Eligible: ☐ Yes ☐ No State: _____ Confirmation #: _____

Health Plan/Insurance Company Name: _____ Health Plan/Member ID: _____

How did you hear about Schenectady JCC? Please check all that apply.

- ☐ Friend
 ☐ SJCC website
 ☐ Other website
 ☐ Internet Search
 ☐ Doctor referral
 ☐ Place of employment
☐ Drive by/Live in the area
 ☐ Newspaper/magazine
 ☐ Yellow pages
 ☐ Other _____

Did a SJCC member refer you to us? ☐ No ☐ Yes; name _____

Membership

(Credit/Debit In Parenthesis)

- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> Silver Sneakers™ | Indoor Membership | Annual Complete
(Outdoor Pool & Tennis Club) |
| <input type="checkbox"/> Optum Fitness Advantage(Renew Active) | Insurance Based----- \$0 per month | \$288(296.64) per season _____ |
| | Insurance Based----- \$0 per month | \$288(296.64) per season _____ |

Additional Options

- | | | |
|--|------------------------|-------|
| <input type="checkbox"/> Basket Rental | \$30(\$30.90) per year | _____ |
| <input type="checkbox"/> Locker Rental | \$90(\$92.70) per year | _____ |

JCC Friend: \$100 or more tax deductible contribution in addition to your membership dues. Your gift will help subsidize SJCC services to those with limited income.

TOTAL _____

Payment

- | | | |
|---|----|--|
| <input type="checkbox"/> Electronic Fund Transfer (please attach a voided check)
Bank Name _____
Routing # _____
Account # _____ | OR | <input type="checkbox"/> Credit Card (3% service fee added)
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Account # _____
Exp. Date _____ Security Code _____
Cardholder Name _____ |
|---|----|--|

The Schenectady JCC has a policy of non-discrimination as it applies to, membership and provision of services in regard to age, creed, color, national origin, sexual orientation, military status, sex, marital status, disability, or any other protected classes as specified in Federal Law and New York State Human Rights Law.



2565 Balltown Road
Niskayuna, NY 12309
518-377-8803
www.schenectadyjcc.org

Please initial each box to signify you have read and understand the following:

- _____ Membership ID cards must be used to access the facility and are non-transferable. There is a \$10 charge to replace lost or stolen cards.
- _____ Guests are welcome to use the fitness facilities when accompanied by a SJCC member. Guest passes must be purchased in advance by member.
- _____ If you choose credit or debit card as your preferred payment method with the SJCC, you will be charged as an additional 3% service fee on each transaction. On your credit card statement, it will be listed as one transaction that reflects both the cost of the service purchased and the 3% service fee.
- _____ SJCC has the right to suspend or revoke membership privileges at any time for any reason.
- _____ Neither SJCC, nor its officers or employees shall be held liable for any injury to persons or damage to property which might be sustained by members, guests or other persons on Center premises. All persons, whether members or not, using any Center facility, assume all risks incidents to such use.
- _____ Membership and program balances 30 days overdue will be subject to a 1% finance charge per month on outstanding balances. All checks, bankcards/debits and EFTs returned for insufficient funds will be subject to \$25 fee.
- _____ Accounts with balances due in excess of 30 days will be prohibited for registering for future programs.
- _____ Any false statements made in this application will result in immediate suspension.
- _____ My signature below gives my permission for SJCC to use photographs/videos taken of me and my family at the facilities or engages in any SJCC programs.

I/we, the undersigned, hereby make application for membership in the Robert & Dorothy Ludwig JCC of Schenectady on the Golub Family Campus. I/we agree to abide by all Center rules and policies. I/we understand that fees are payable in full upon application, unless other arrangements are made. I/we understand that membership dues are subject to change each year and that I/we assume the financial responsibility of the membership dues. If this agreement is placed with an attorney for collection, I/we agree to pay all lawful costs of collection including a reasonable attorney fee.

Signature _____ Date _____

Waiver and Assumption of Risk

I acknowledge that I have voluntarily chosen to participate in one or more physical exercise or fitness activity or sport programs. I acknowledge the nature of the risks of the particular programs in which I have chosen to participate and the strenuous nature of these programs. By signing this document, I expressly assume all risk for my health and well-being and expressly assume the other risks associated with using the fitness facility and participating in these programs. I also hereby release, waive, discharge and covenant not to sue any class instructor or the SJCC.

I have read and understand this waiver and express assumption of risk. I have also read, understand, and will adhere to all guidelines and policies in regard to this benefit of your insurance.

In the event that my physician has recommended any limitations to my physical activity or I have experience any of the following conditions, I hereby attest that I have informed my physician of the condition(s) and have obtained express consent from my physician to participate.

- Chest pains while at rest and/or exertion, previous heart attack or high blood pressure.
- Any heart or circulatory condition, such as vascular disease, stroke, chest pain, congestive heart failure, poor circulation to the legs, valvular heart disease, blood clots.
- Frequent fast, irregular heartbeats OR very slow heartbeats.
- Diabetes
- Previous hip or spinal fracture(as an adult)
- Lung disease or shortness of breath after mild exertion, at rest, or in bed.
- Open cuts on my feet that do not seem to heal.
- An unexplained weight loss of ten(10) pounds or more in the past six (6) months.
- More than two falls in the past year (no matter what the reason)
- More than one year since I have engaged in regular physical activity.

Signature _____ Date _____



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