Publicity/Promotions

Consent of Subject Release

❒ I _____ hereby grant permission, without reservation, to the David Posnack JCC and those authorized by the David Posnack JCC to take photographic images, videos, recordings, DVDs, CDs and to use them in original or modified formats in all media (including but not limited to newspapers, magazines, radio, television, JCC website, YouTube, social media, etc.) now or hereafter, with or without name, for the promotion and/ or fundraising activities of the David Posnack JCC. The consent is for all members listed on the membership application.

Parent Permission Form

❒ As the parent/ legal guardian of the child/ children listed on the membership application and those that may not be listed at the time of joining, I take full responsibility for the actions of the child/ children and any and all minor guest of my child. I have signed this parent permission form and understand that I am fully responsible for their actions.

Text Messaging

How did you hear about us?

❒ Social Media
❒ Friend
❒ DPJCC
❒ Internet
❒ Member
❒ Synagogue/Temple
❒ Newspaper/ Magazine
❒ Website, dpjcc.org
❒ Outside Advertising (banners, benches, etc.)
❒ Other _____

Membership Card

- Presentation of your membership card is required for admission.
- Your membership card is not transferable. Loan of this card may result in loss of membership privileges.
- Your membership card is the property of the DPJCC and must be returned upon termination of membership.

Liability Waiver

It is understood and agreed that the DPJCC is not responsible for any damages or injuries suffered by me/ us while participating in DPJCC functions or activities.

I/ we understand and agree that any such participation by me/ us is at my/ our own risk.

It is further understood and agreed that if I/ we am not familiar with the operation of any equipment or machinery while at the DPJCC, I/ we will seek instruction from DPJCC personnel before using such equipment or machinery.

I/ we agree that the DPJCC will not be responsible for losses or expenses incurred by me/ us from accidents or injuries, which may result by reason of attending or participating in any activities at the DPJCC, my/ our attendance at the DPJCC or any theft of my/ our property in the DPJCC or surrounding areas.

I/ we hereby release the DPJCC and its employees, officers and directors for any loss, damage, injury or expense I/ we may incur while on the DPJCC premises, including, without limitation, those resulting from the negligence of any person.

The DPJCC reserves the right to restrict or to remove persons from DPJCC functions or activities or from its premises when they deem same to be necessary or appropriate.

I understand that the membership fee is for 12 months from enrollment month. Membership dues are not transferable or refundable.

I understand that if I need to change the status of my membership type —either upgrade/downgrade—more than once every 6 months, I will incur a $50 fee.

I understand that membership fees are subject to change on an annual basis, and that the amount debited from my bank account or charged to my credit card will be adjusted accordingly.

Applicant's Signature _____ Date _____

Membership Number _____

Payment Options & Authorization

FIRST PAYMENT OR PAYMENT-IN-FULL IS DUE AT SIGNING. PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS.

❒ **OPTION #1: PAY IN FULL**

Membership Fee: $ _____
Enrollment Fee: $ _____
Total Amount Due: **$** _____

❒ Credit Card* ❒ Check ❒ Cash

❒ **OPTION #2: PAY MONTHLY**

❒ Credit Card* ❒ ACH

Monthly Membership Fee: $ _____
Enrollment Fee: $ _____
Total First Payment: $ _____
Total Amount Due by End of Year: $ _____

CREDIT CARD INFO: ❒ Visa ❒ Mastercard ❒ Am Ex

Name on Card _____
Credit Card Number _____
Expiration Date _____ ***CVV*** _____

**There is 3% convenience fee for credit card payments.*

ACH INFO:

Routing Number: _____
Account Number: _____

Do you wish to make a pledge to the DPJCC scholarship fund?
❒ No ❒ Yes How much? $ _____

Would you like your pledge to go to a particular program?
❒ Early Childhood ❒ Camp ❒ After-school
❒ Cultural Arts ❒ Maccabi ❒ Special Needs

7/1/22

If enrolling in camp, preschool or after-school programs in order to receive the discounted member rate for these programs, I understand that I must have a family or parent plus membership and that my membership cannot be canceled or downgraded and must be paid through the duration of the annual agreement. _____ (initials)

I understand this agreement is applicable for the entire membership period, which is for a period of one year, with this agreement to automatically renew each year on my renewal date for the following year's membership fee, unless I give written cancellation notice to the DPJCC, 30 days in advance of the renewal date.

Upon renewal, I will be responsible for payment of the annual membership for the succeeding 12 month period.

If a payment is returned for any reason, I understand that I will be charged $30. The $30 fee and the declined monthly membership payment must be paid within 10 days of notification, or my membership may be discontinued.

I understand that it is my responsibility to notify the DPJCC in writing should I change my financial institution and/ or account at any time. I agree to pay all costs of collection incurred by the DPJCC, including reasonable attorney's fees. _____ (initials)

Applicant's Signature _____ Date _____

Membership Application

FOR CENTER USE ONLY

Membership Number _____ Membership Type _____ Date Joined _____

MEMBER ONE

First Name _____ Last _____ M.I. _____ Title _____

Home Address _____ City _____ State _____ Zip _____

Phone (____) _____ Cell Phone (____) _____ Email Address _____

Sex: ❒ Male ❒ Female Birth Date: ____ /____ /____ Marital Status: ❒ Married ❒ Single ❒ Divorced ❒ Widow ❒ Separated

Occupation _____ Company Name _____ Phone (____) _____

Business Address _____ City _____ State _____ Zip _____

Whom may we thank for referring you? _____ Reason for joining _____

MEMBER TWO

First Name _____ Last _____ M.I. _____ Title _____

Phone (____) _____ Cell Phone (____) _____ Email Address _____

Sex: ❒ Male ❒ Female Birth Date: ____ /____ /____

Occupation _____ Company Name _____ Phone (____) _____

Business Address _____ City _____ State _____ Zip _____

VOLUNTARY INFORMATION (For statistical purposes only)

❒ Jewish ❒ Other If Jewish, name of synagogue _____ ❒ Orthodox ❒ Conservative ❒ Reform ❒ Other

Your native language ❒ English ❒ Spanish ❒ Hebrew ❒ Other

DEPENDENTS

First Name	M.I.	Last Name (if different)	Sex	Birth Date (mon./day/yr.)
			❒ M ❒ F	____ /____ /____
			❒ M ❒ F	____ /____ /____
			❒ M ❒ F	____ /____ /____
			❒ M ❒ F	____ /____ /____
			❒ M ❒ F	____ /____ /____

What school(s) do your children attend? _____

I am interested in receiving information about:

- ❒ Fitness
- ❒ After-school Care
- ❒ Cultural Arts Events
- ❒ Israeli Programs
- ❒ Latin Initiative Programs
- ❒ Pre-Teen & Teen Events
- ❒ Adult Classes
- ❒ Recreational Sports
- ❒ Basketball Leagues/Academy
- ❒ Summer Camp
- ❒ SeniorPrograms
- ❒ Preschool
- ❒ Children's Enrichment Classes
- ❒ JCC Maccabi Games® & ArtsFest®
- ❒ Other _____

David Posnack JCC

Nina & Louis Silverman Campus
On the corner of Stirling & Pine Island Roads
5850 S. Pine Island Road | Davie, Florida 33328 | dpjcc.org