

# Program Registration Form

## Participant Information

Member # \_\_\_\_\_

Participant's First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender Identity:  Male  Female  Gender Non-conforming  Other

Parent/Guardian's name if participant is a minor \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

DOB \_\_\_\_\_ If Child, Age \_\_\_\_\_ If Child, Grade \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relation \_\_\_\_\_ Contact Phone \_\_\_\_\_

Name of other participants attending program (must live in same household). If not, please fill out a separate registration form for participant:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_

### Become part of our J community!

SIGN ME UP FOR J-PASS (ages 13+) – Cardholders receive seamless entry to the J, access to fee-based programs, and limited access to community events (fees may apply). This membership is for those who want to be connected to the J and participate in community and select fee-based programs. J-Pass does not include access to the J-Fit Health Club, fitness classes, and educational/recreational programming that is included in J-Family and J-Journey membership categories. A day pass may be purchased to participate in J-Family and J-Journey programming. Day pass upgrades for current cardholders or accompanying guests are \$10; \$20 for visitors or non-cardholders.

### Facility Waivers

Use of any recreational facility and participation in any activity involves a risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the Pozez JCC of Northern Virginia (the J) at 8900 Little River Turnpike, Fairfax, VA 22031. I/we, as an individual or as a parent or guardian of the participants named herein, assume all risks and hazards incidental to the activities, and release from responsibility and all liability, claims, costs and damages including attorney fees and costs and agree to indemnify and hold harmless the J, their officers, directors, independent contractors, volunteers, and all employees of any illness, injury, or damage to me or my children, or my family.

The Pozez JCC reserves the right to photograph and/or videotape activities for use in publicity and promotional materials. Please notify the J in writing if you do not want photos of yourself or your family members to be used. Send in a recent photo so that we can be sure that you and/or your family membership are not included in any materials by emailing [Laura.Adler@theJ.org](mailto:Laura.Adler@theJ.org).

Signature Required \_\_\_\_\_ Date \_\_\_\_\_

## Program Information

Code	Activity Description*	Price
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

\*Please consult your physician before beginning any physical activity or engaging in any physical program.

### Support impactful programs at the Pozez JCC by making a donation to one or more of our funds (suggested gift: \$18)

\$ \_\_\_\_\_ Early Childhood    \$ \_\_\_\_\_ Camps    \$ \_\_\_\_\_ Adult Programming    \$ \_\_\_\_\_ Health and Fitness  
\$ \_\_\_\_\_ Aquatics    \$ \_\_\_\_\_ Cultural Arts    \$ \_\_\_\_\_ Community Engagement    \$ \_\_\_\_\_ Special Needs  
\$ \_\_\_\_\_ Other (please indicate) \_\_\_\_\_

### Payment Method:

Total Enclosed (include program and donation totals) \_\_\_\_\_

Check One:  Cash  Check # \_\_\_\_\_  Visa  MasterCard  American Express  Discover

Card on file (must provide last four digits) \_\_\_\_\_

Cardholder's Name (please print) \_\_\_\_\_ Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_ Signature \_\_\_\_\_



**Pozez Jewish Community Center of Northern Virginia**

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