



Mittleman

Jewish Community Center
Schnitzer Family Campus
6651 SW Capitol Highway, Portland, OR 97219
P: 503.244.0111 | F: 503.245.4233 | oregonjcc.org

Masters Team Registration Payment Authorization

Name _____ Date: _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact _____ Emergency Phone _____

| Participant Name (First and Last) | Member Y/N | Stingrays Masters Cost per month: \$100. Member Cost: \$60. | Monthly Fee |
|--------------------------------------|---------------|--|----------------|
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| | | | |
| | | | |
| TOTAL | | | |

Please note: If you do not want your photo to appear on MJCC's Facebook page or in other marketing materials, please initial here _____.

| Monthly Authorizations | |
|---|---|
| <p>AUTOMATIC CREDIT CARD CHARGE</p> <p>I authorize Mittleman Jewish Community Center (MJCC) to charge my credit card account to pay the above amount on approximately the 1st of each month, commencing ____/01/20__.</p> <p>This authorization is to remain in effect until I provide written notification. I understand that I have the right to cancel this authorization by giving written notice to MJCC ten business days prior to the 1st of the month in which I want this authority rescinded.</p> <p><input type="checkbox"/> Mastercard <input type="checkbox"/> VISA <input type="checkbox"/> American Express</p> <p>Credit Card #: _____</p> <p>Exp. Date: _____ CVC #: _____</p> <p>Signature: _____</p> <p>Date: _____</p> | <p>AUTOMATIC FUNDS TRANSFER</p> <p>I authorize Mittleman Jewish Community Center (MJCC) to transfer funds from my checking account to pay the above amount on my MJCC account on approximately the 1st of each month, commencing ____/01/20__. (Please attach check if new authorization.)</p> <p>I authorize the financial institution identified below, to accept these charges to my account. This authorization is to remain in effect until the MJCC has received written notification. I understand that I have the right to cancel this authorization by giving written notice to MJCC ten business days prior to the 1st of the month in which I want this authority rescinded.</p> <p>Bank/Financial Institution: _____</p> <p>ABA#: _____</p> <p>Account #: _____</p> <p>Account Name: _____</p> <p>Signature: _____ Date: _____</p> |

Non-Members: Please fill out the guest waiver on the back of this form.

Guest Waiver

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email Address: _____ Referred by _____

Facilities you are interested in: _____

Date of Birth : _____

ALL GUESTS MUST SIGN BEFORE USING FACILITY.

Use of any recreational facility and participation in any activity involves risk and accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the Mittleman Jewish Community Center and/or Portland Jewish Academy I/we, as an individual or parent/guardian of the participants named herein, assume all risks and hazards incidental to the activities, and release from responsibility all liability, claims, costs and damages including attorney fees and costs and agree to indemnify and hold harmless Mittleman Jewish Community Center and Portland Jewish Academy, their officers, directors, independent contractors, volunteers, and all employees for any illness, injury or damage to me or my children, or my family members occurring during the use of any recreational facility or the participation in any activities conducted by the MJCC.

I understand that if I am presently under a doctor's care that I have received his/her permission to exercise or participate in a workout program at the Mittleman Jewish Community Center. By signing this form, I give the MJCC permission to use a photo of me on web and printed materials.

Initial here if you **do** wish your photo to be used _____

Initial here if you **do not** wish your photo to be used _____

Signature: _____ Date: _____

INTERNAL USE ONLY:

Form of Identification and ID#: _____

Verified By: _____ Guest Member # : _____

Tour given by: _____ No Tour

Guest Pass/Daily User Fee: _____

Please Initial: Received By: _____ Paid: _____ CSI: _____ Follow up: _____

