



# Mittleman

Jewish Community Center

Schnitzer Family Campus

6651 SW Capitol Highway, Portland, OR 97219

P: 503.244.0111 | F: 503.245.4233 | oregonjcc.org

## Junior Rays Registration Payment Authorization

Responsible Party Name \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

If participant is a minor:

Parent Name 1 \_\_\_\_\_ Parent Name 2 \_\_\_\_\_

Participant Name (First and Last)	Age	Member Y/N	Junior Rays Cost: \$90. Member Cost: \$75.	Monthly Fee
<b>Please note:</b> If you do not want your child's photo to appear on MJCC's Facebook page or in other marketing materials, please initial here _____.				<b>TOTAL</b>

### Monthly Authorizations

#### AUTOMATIC CREDIT CARD CHARGE

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\_\_.

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by giving written notice to MJCC ten business days prior to the 1st of the month in which I want this authority rescinded.

☐ Mastercard ☐ VISA ☐ American Express

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVC #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### AUTOMATIC FUNDS TRANSFER

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.)

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by giving written notice to MJCC ten business days prior to the 1st of the month in which I want this authority rescinded.

Bank/Financial Institution: \_\_\_\_\_

ABA#: \_\_\_\_\_

Account #: \_\_\_\_\_

Account Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 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: \_\_\_\_\_

