

St. Francis Community Center Registration Form



Summer Session Registration:
Monday, June 3, 2019 - 9:00 AM
Mail-in registrations will not be processed until the end of the business day on June 3. Please see Page 2 for registration information. No registration will be accepted over the phone.

Family Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Currently a member? YES____ NO____ Member Expiration Date: _____
 (Memberships must stay current for the duration of the program, in order to receive the member rate.)

Please complete the information below for each individual registering for a class:

| Name | D.O.B. | Class Code | Class Title | Fee |
|------|--------|------------|-------------|-----|
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If you would like to purchase or renew a membership, please check appropriate line(s):

| | | |
|--|-----------|--|
| _____ 1 Year Center Youth Membership | \$ 40.00 | _____ Center Family Membership \$110 |
| _____ 1 Year Center Senior Membership | \$ 40.00 | _____ 6 Month Family Pool Membership \$110 |
| _____ 6 Month Senior Pool Membership | \$ 225.00 | _____ 1 Year Family Pool Membership \$780 |
| _____ 1 Year Senior Pool Membership | \$ 280.00 | _____ 1 Year Family Combo Membership \$860 |
| _____ 1 Year Senior Combo Membership | \$ 305.00 | |
| _____ 3 Month Pool Membership | \$ 160.00 | |
| _____ 1 Year Center Adult Membership | \$ 60.00 | |
| _____ 6 Month Individual Pool Membership | \$ 250.00 | |
| _____ 1 Year Individual Pool Membership | \$ 310.00 | |
| _____ 1 Year Individual Combo Membership | \$ 330.00 | |

| | | | |
|--------------------|--------------|--------------------|--------------|
| Member Name: _____ | D.O.B. _____ | Member Name: _____ | D.O.B. _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Mail all registration forms to:
 St. Francis Community Center
 4700 Long Beach Blvd.
 Long Beach Township, NJ 08008
 Attn: Front Desk

Total Amount Enclosed: \$ _____

Must complete Emergency Contact and include signature on other side.

St. Francis Community Center

ONE EMERGENCY CONTACT NEEDED
(If attempt to reach parent or guardian is unsuccessful,
the following person will be contacted:)

Name of Contact (other than parent or guardian): _____

Phone: _____ Street Address: _____

Medical Condition(s):

In case of an emergency, permission is needed to take necessary measures for treatment.

I realize that accident insurance is not provided for participants in the Center's programs. I give permission for my child, and/or myself, to be treated in an emergency situation.

I, and/or my child, agree to abide by all rules of St. Francis Community Center or will be subject to forfeiture of membership privileges.

I, and/or my child, understand that pool membership cards must be presented at each visit. If membership cards are not presented, I understand that I will be charged a \$10 non-refundable guest fee.

I and/or my child, agree to be photographed during lessons and activities for Social Media and/or advertisement.

I understand that a 75% refund will be issued for medical reasons only and a physician's statement must accompany the request.

I understand that memberships and classes are non-transferable.

I give my permission for the use of photos of myself and/or my children for promotional purposes.

_____ Signature

_____ Date



Non-Profit Org.
U.S. Postage
PAID
Permit No. 104
Tuckerton, NJ 08087

4700 Long Beach Blvd.
Long Beach Twp., NJ
08008-3926
609-494-8861

Place Label Here



Participating Agency
United Way of Ocean County