St. Francis Community Center Registration Form

Mail-in registrations will not be processed until the end of the business day. 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:

<table>
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<tr>
<th>Name</th>
<th>D.O.B.</th>
<th>Class Code</th>
<th>Class Title</th>
<th>Fee</th>
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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
____1 Year Center Senior Membership $ 40.00
____6 Month Senior Pool Membership $ 225.00
____1 Year Senior Pool Membership $ 280.00
____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
____ Center Family Membership $110
____ 6 Month Family Pool Membership $475
____ 1 Year Family Pool Membership $780
____ 1 Year Family Combo Membership $860

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.
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