



St. Francis Community Center Registration Form

4700 Long Beach Boulevard
Long Beach Township, NJ 08008
(609) 494-8861

Family Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

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.)

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

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

Name	D.O.B.	Class Code	Class Title	Fee

If you would like to purchase or renew a membership, please check appropriate line(s):

- | | | | |
|--|-----------|------------------------------------|-----------|
| ___ 1 Year Center Youth Membership | \$ 35.00 | ___ Center Family Membership | \$ 100.00 |
| ___ 1 Year Center Senior Membership | \$ 35.00 | ___ 6 Month Family Pool Membership | \$ 465.00 |
| ___ 6 Month Senior Pool Membership | \$ 215.00 | ___ 1 Year Family Pool Membership | \$ 770.00 |
| ___ 1 Year Senior Pool Membership | \$ 270.00 | ___ 1 Year Family Combo Membership | \$ 850.00 |
| ___ 1 Year Senior Combo Membership | \$ 295.00 | | |
| ___ 1 Year Center Adult Membership | \$ 55.00 | | |
| ___ 6 Month Individual Pool Membership | \$ 240.00 | | |
| ___ 1 Year Individual Pool Membership | \$ 300.00 | | |
| ___ 1 Year Individual Combo Membership | \$ 330.00 | | |

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

Total Amount Enclosed: \$ _____

TWO EMERGENCY CONTACTS NEEDED

(If attempt to reach parent or guardian is unsuccessful, the following person(s) will be contacted:)

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

Phone: _____ Street Address: _____

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

Phone: _____ Street Address: _____

Medical Conditions: _____

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 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



4700 Long Beach Boulevard
Long Beach Township, New Jersey
08008-3926 - (609) 494-8861



Participating Agency United Way of Ocean County