Jewish Community Centre of Greater Vancouver
950 West 41st Avenue, Vancouver BC | 604.257.5111 | www.jccgv.com

HAPPY HEART PROGRAM REGISTRATION BILLING FORM

MEMBERSHIP CATEGORY: (check one) **Date:** _____

Member ( ) Non-Member ( )

First Name:_____ Last Name: _____

Date of Birth (M/D/Y): ____ / ____ /_____ Gender: _____

Address: _____ City:_____ Postal Code:_____

Home Phone: _____ Work/Cell Phone: _____

E-mail:_____

Emergency Contact#1 :_____ Phone: _____

Emergency Contact #2: _____ Phone:_____

Any additional medical conditions we should be aware?

_____

If new to the JCC Happy Hearts program:

Location of Cardiac Rehab program: _____

Date completed Happy Hearts Plus or Hospital Cardiac Rehab program: _____

Do you have a referral from a Cardiac Rehab Program: _____

If returning to the JCC Happy Hearts program:

Do you have a Re-referral from your family doctor or cardiologist: _____

I learned of the JCC from: (optional information for statistical purposes only)

JCC member	☐	Previous Connection to JCC	☐	In the neighbourhood	☐
Word of mouth	☐	Jewish Independent	☐	_____	☐

Happy Heart Maintenance Monthly Zoom Rates

Registration Fee*:
$15 non-member/ $10 member

**One-time registration fee, participant must pay fee again they cancel out of the program*

Monthly Rate:
$25 non-member / $18 member

Participant will be billed upon initial sign-up for the current month and monthly thereafter. Monthly rate is billed between the 23-26th of the month prior. Monthly rate will be pro-rated if participant begins after the second class in the month.

Payment Options

Pre - Authorized Monthly Payments:

CREDIT CARD PAYMENT OR DIRECT DEBIT FROM CHEQUING ACCOUNT (Provide Void Cheque)

I authorize you to bill my credit card/chequing account each month until I instruct you otherwise in writing. I understand that the Happy Hearts program is ongoing, if I would like to cancel or freeze my payments 30 days written notice is required. If the monthly rate changes I will be given a minimum of 30 days notice and will have the option to cancel my monthly commitment.

All NSF/Credit Card Declines are subject to a $15 administrative charge.

Signature: _____
Required for Validation

Please bill my Visa or MasterCard

				-					-					-				

Expiry Date: | | | / | | |

Name on credit card: _____

Happy Hearts JCC Agreement:

The undersigned make formal application to the Jewish Community Centre of Greater Vancouver, commencing as of this date. I agree to abide by the rules and regulations of the Centre. I use the JCC at my own risk and hereby, for myself, my heirs, executors, and administrators waive any and all rights and claims of any kind that I may have against the JCC as well as with employees, invitees, and agents of the aforesaid for any and all damages, and injuries, whatsoever, which I may suffer in or incur in connection with my attendance, participation, or membership in the JCC or in connection with my use of any of the facilities or programs of the JCC. I understand that the Happy Hearts Program is ongoing unless cancelled in writing and that I will not be entitled to a refund of any registration or membership fees paid.
Cancellation is subject to a one (1) month's notice.

Date: _____ Signed:_____