

# TEEN REGISTRATION FORM

Participants Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

School \_\_\_\_\_ Grade \_\_\_\_\_

## Select Program:

*(Any events not listed, please contact Ryan at 858-362-1331 for details)*

- College Tour
- College Bound Workshops 1 2 3 (please circle)
- Emerging Leaders Workshops 1 2 3 (please circle)
- Snowdays 1/19 or 2/8 or both (please circle)
- Club J  Superbowl Fiesta  8th Annual B-Ball Tournament
- Scavenger Hunt  Babysitting Classes 2/8 or 3/15 (start date)
- Lasertag Extreme!  National Comedy Theatre

Parent A Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Parent B Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Please note any medical conditions we should be aware of:

\_\_\_\_\_

Medical Insurance Number \_\_\_\_\_

## Payment Method

Amount Paid \$ \_\_\_\_\_

Check (Make check payable to JCC)  VISA\*  MasterCard\*  Discover\*

\*There is a \$3.00 handling charge for all credit card transactions.

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Signature \_\_\_\_\_

## JCC Teen Department Release/Waiver for Minors

I \_\_\_\_\_, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in any JCC program supervised by authorized JCC Staff and chaperones.

In consideration of said minor being permitted to enter the Lawrence Family Jewish Community Center (JCC) for observation, use of facilities and/or equipment, or participation in any program, I, on behalf of myself (as parent or guardian) hereby:

1. In the event I cannot be reached in an emergency, I give my permission to the physician selected by the Teen Director to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for my child(ren) as named above.
2. Give permission to the JCC to use my name, family member's name, and photographs in brochures, newspapers, broadcasts, telecasts, and any other form of communication.
3. Give my child(ren) permission to attend all trips sponsored by the Lawrence Family Jewish Community Center (JCC) and release the JCC and its representatives from all liability for any mishap which may befall the above named child(ren).

Parent A Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent B Signature \_\_\_\_\_ Date \_\_\_\_\_