



JCC Teen Program Registration Form



Program **Teen Leadership Council**

Participant's Name _____ Participant's Cell _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Parent 1 Name _____

Parent 1 Cell Phone _____ Parent 1 Home Phone _____

Parent 1 Email _____

Parent 2 Name _____

Parent 2 Cell Phone _____ Parent 2 Home Phone _____

Parent 2 Email _____

Participant lives with: Parent A only Parent B only Both Other: _____

EMERGENCY CONTACT PROCEDURES In case of an emergency and neither parent can be reached, the following person can be contacted:

Name _____

Cell Phone _____ Alternate Phone _____

Relationship to Participant _____

Names of persons to whom participant(s) can be released: _____

SPECIAL MEDICAL CONCERNS No Yes If yes, specify _____

Allergies No Yes If Yes, Need EpiPen? No Yes Describe Allergies: _____

Any Medication taken on a regular basis: No Yes _____

Name of Insurance Provider _____ Name of Policy Holder _____

Group # _____ Member ID _____

PARENT CUSTODY AUTHORIZATION Children will be released to either parent unless we are notified with proper documentation to do otherwise. We cannot withhold your child from a parent unless this procedure is followed. Attach copies of your documents. The following people have restricted access to my children. The appropriate legal documentation is attached.

EXPLANATION OF RESTRICTION: Documents attached (please list with expiration dates)

PHOTOGRAPH CONSENT I give permission to the JCC to use my child(ren)'s name and photographs in brochures, newspapers, broadcasts, telecasts, social media, and any other form of communication

Signature _____ Date _____

MEDICAL/TRIP CONSENT I hereby give my child(ren) _____ permission to attend all trips sponsored by the Lawrence Family Jewish Community Center, JACOBS FAMILY CAMPUS (JCC) and release the JCC and its representatives from all liability for any mishap which may befall the above named child(ren). In case of sudden injury or illness, I hereby give authority to any hospital or doctor selected by the JCC to render immediate aid as may be required at the time for my child's health and safety. I understand that medical expenses are my responsibility. I hereby assume all risks (injury or illness) for my child and family members that may occur during participation in any activity or use of facilities owned or rented by the JCC. I hereby agree to in no way hold the management of the JCC, its agents or employees liable for lost or damaged belongings or injury that my child may sustain while involved at the JCC. The undersigned participant or parent/guardian, in consideration of participation in this program, indicated on this form agrees to indemnify and hold harmless the Lawrence Family Jewish Community Center, its representatives, its successors, and assigns and releases the same from any and all liability for any injury or illness which may be suffered by the participant, named herein arising out of, or in any way connected with the program indicated, and assumes the risk for such injury or illness. I/we assume financial responsibility for my/our child(ren) and agree to meet all financial obligations as due. I have read and understand the above statements.

Signature _____ Date _____

JCC Member Price: \$300 • Non-Member Price: \$360

PAYMENT METHOD Check # _____ Visa Mastercard Discover Cash

CC # _____ Expiration Date _____ CVV _____

Signature _____