

Adolph and Rose Levis Jewish Community Center
Helene & Roy Schwedelson Special Needs Programs

Move & Mingle
REGISTRATION FORM

Participant Name: _____

Address: _____

City/St/Zip: _____

Gender: _____ D.O.B: _____ Age: _____ School(if applicable): _____

Parent's/ Guardian Name(s): _____

Home Telephone: _____ Cell Phone: _____

E-mail Address: _____

Emergency Contact: _____ Phone: _____

Relationship to Participant: _____

REGISTRATION REQUIREMENTS Please read carefully before signing.

Media Release: I hereby grant permission for the Levis Jewish Community to use the image(s) of my son/daughter for a variety of purposes in print, video and digital media including (but not limited to) brochures, newsletters, videos, social media communications and digital images such as those on the Levis Jewish Community Center website as well as public relations outreach to local news media.

Participation in any Adolph & Rose Levis JCC activity and use of any recreational facility involves risk of accidental injury despite all safety precautions. Having been informed of the activity to be conducted by the Adolph & Rose Levis JCC, I/we, as an individual or as a parent/guardian of the participants named herein, assume all risks and hazards incidental to activities, and release from responsibility and agree to indemnify and hold harmless the Adolph & Rose Levis Jewish Community Center, its officers, directors, independent contractors, volunteers and all employees for any illness or injury to me, my children or family members occurring during his/her/our participation in any activities or use of any facilities at or conducted by the Adolph & Rose Levis Jewish Community Center.

Parent/ Guardian Signature _____ Date _____

3. PAYMENT INFORMATION: Please make check payable to Levis JCC or provide your credit card information below and mail or fax this form to: Marianne Jacobs, Adolph & Rose Levis Jewish Community Center

9801 Donna Klein Boulevard-Boca Raton, FL 33428

Fax: (561) 852-6019

Please check one: Amex Visa MC Discover check enclosed

Amount Enclosed: _____

Name on Card: _____

Credit Card # _____ Exp. Date _____

Signature _____ Date _____

561.852.3200
www.levisjcc.org



All Are Welcome



We are a member of the Big Tent Judaism Coalition