

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

SAVVY REGISTRATION FORM

Participant Name: _____
Address: _____
City/State/Zip: _____
D.O.B: _____ Age: _____ School (if applicable): _____
Parent's Name(s): _____
Home Telephone: _____ Cell Phone: _____
Email 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) 558-2111

Amount Enclosed: _____

Please check one: Amex Visa MC Discover Check Enclosed

Credit Card #: _____ Exp. Date: _____ CVV: _____

Signature: _____ Date: _____

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