



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

**REGISTRATION FORM**

Participant Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Gender: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_  
 T-shirt Size: \_\_\_\_\_ (child/adult S, M, L, XL)

**1 T-shirt each year**

Parent's Name: \_\_\_\_\_  
 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 child/children 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 all activity to be conducted by the Adolph & Rose Levis JCC, I/we, as an individual or as a parent or guardian of the participants named herein, assume all risks and hazards incidental to the 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 or my children or family members occurring during his/her/our participation in any activities or use of any facilities at or activities conducted by the Adolph & Rose Levis Jewish Community Center.

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

**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 \_\_\_\_\_ CVV \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**SPONSORSHIP OPPORTUNITIES**

- I wish to sponsor a child's participation in this program for an additional \$125
- My business would like to become a sponsor. Please contact me.

**561.852.3200**  
**www.levisjcc.org**

**jcc** ASSOCIATION  
 Jewish Federation OF SOUTH PALM BEACH COUNTY

**All Are Welcome**  
**BIG TENT JUDAISM**  
 We are a member of the Big Tent Judaism Coalition