



## Levis JCC Youth & Family Programs Registration Form

Mother's Last Name \_\_\_\_\_ Mother's First Name \_\_\_\_\_ JCC Member: Y or N  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Father's Last Name \_\_\_\_\_ Father's First Name \_\_\_\_\_ JCC Member: Y or N  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Child(ren) live(s) with (circle one) Mother Father Both  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child #1 Name \_\_\_\_\_ DOB: \_\_\_\_\_ M or F  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Allergies: \_\_\_\_\_

Child #2 Name \_\_\_\_\_ DOB: \_\_\_\_\_ M or F  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Allergies: \_\_\_\_\_

Child #3 Name \_\_\_\_\_ DOB: \_\_\_\_\_ M or F  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Allergies: \_\_\_\_\_

Registrant Name	Activity Name	Start Date	Course No.	Fee
Total Amount Due				

Emergency Contact (other than the parents)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Additional Persons Authorized to pick up child(ren)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## PAYMENT

Please enroll my child(ren) for the programs listed above.

Payment Amount \$\_\_\_\_\_ Check #\_\_\_\_\_ Please make check payable to the Levis JCC.

MC Visa  AmEx Discover Card #\_\_\_\_\_ Exp. Date\_\_\_\_\_

## TERMS

The undersigned acknowledges that (s)he is the parent or legal guardian of the child(ren) designated above and authorizes the officials of the Adolph & Rose Levis Jewish Community Center (Levis JCC) to act for the parents while the child(ren) are in their care. This includes the power to authorize emergency treatment when it is deemed necessary and in the best interest of the child(ren).

Participation in any of the Levis JCC activities and use of any recreational facilities involves risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the Levis JCC, the undersigned assumes all risks incidental to the activities and releases from liability and agrees to indemnify and hold harmless the Levis JCC, its officers, directors, independent contractors, volunteers and employees for any illness or injury to the undersigned, children of the undersigned and/or family members occurring during his/her/their participation in any activity or use of any facility at/or conducted by the Levis JCC.

The Levis JCC reserves the right to cancel any activity, in which case a full refund will be made. No refunds or credits will be made due to absences.

Levis JCC may use photos, statements, articles, names, music, art, film, video tapes of or made by the child(ren) designated above in promoting the Levis JCC or its programming.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Please fax registration form to Perle Gass (561) 852-6025 or email to [perleg@levisjcc.org](mailto:perleg@levisjcc.org).



**All Are  
Welcome**

We are a member of the Big Tent Judaism Coalition



**Jewish Federation**  
OF SOUTH PALM BEACH COUNTY