

# JEWISH COMMUNITY CENTER - AQUATICS DEPARTMENT

## Class Registration & Emergency Authorization

### MAIN INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### CLASS REGISTRATION

Name	Class	Day(s)	Time	Fee
1.				
2.				
3.				
4.				

Visa/MC #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ JCC Member?  YES  NO

**IMPORTANT: PLEASE READ AND SIGN WHERE APPROPRIATE.**

The JCC must have a current Authorization for Medical Treatment of Minors on file for each participant in its programs.

### EMERGENCY AUTHORIZATION

I hereby appoint the appropriate JCC staff members to act on my behalf in authorizing unexpected medical, dental, or surgical care and/or hospitalization for the below named minor(s) during the period of May 28, 2009 through September 4th, 2009 in the event of my unavailability.

Name	Date of Birth	Allergies/Special Conditions
1.		
2.		
3.		
4.		

Signature of Parent/Guardian: _____ Date: _____  Signature of Witness: _____ Date: _____	<b>Medical/Dental/Hospitalization Coverage for Named Minor(s)</b> Insurance Company/Government Program: _____ ID/Contact/Group #: _____ Family Physician: _____ Phone #: _____
--	---

### RELEASE FOR ADULT PARTICIPATION IN ATHLETIC/RECREATION PROGRAM

I recognize that participating in an athletic event has certain inherent risks for which the Jewish Community Center of Syracuse, Inc. is not liable. I hereby, for myself, executors, and administrators, waive and release any and all claims for damage I may seek against the JCC or places used by the JCC in conjunction with this athletic/recreation event, for any and all injuries suffered by me in connection with participation in this athletic/recreation event.

I also recognize that medical expenses I may incur in connection with participation in this athletic/recreation event are my own responsibility. I hereby appoint the appropriate JCC staff member to act in my behalf in authorizing unexpected medical, dental, surgical care and or hospitalization should I be unable to do so. I have read the proceeding paragraphs as acknowledged by my signature below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_