

**REGISTRATION FORM**

Revised 4/17/15

Please create a user/password for me to register online for future programs. (An active email account is required to register online.)

Parent Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Cell Phone Provider \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Emergency Phone/Contact \_\_\_\_\_ Are you a member? yes no

Participant Name	Grade	Age	Date of Birth	Class Name	Code	Day	Time	Fee

The JCC does not discriminate on the basis of sex, religion, race or ability.

TOTAL

**Parent:** Does your child need to be picked up from another JCC program (\*ECD, \*Kids Club)?  No

Yes - Program:

Room #:

**\*To ensure the safety of children enrolled in the JCC's Early Childhood and/or Kids Club programs, children picked up from these programs for enrichment classes WILL BE returned to their respective program. Parents will only be allowed to pick up & sign out their child(ren) from ECD and/or Kids Club to ensure that appropriate procedures are followed.**

**How to Register:**

- With credit card by FAX (210-408-2341) or online ([www.jccsanantonio.org](http://www.jccsanantonio.org)).
- In person with cash, check or credit card.
- By mail with check or credit card.

You will be notified via email receipt once enrollment has been confirmed.

**PAYMENT** Please circle one: cash check credit

Visa  Mastercard  Discover  American Express # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVC Code: \_\_\_\_\_

Name on card: \_\_\_\_\_

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



I, the undersigned, understand that participation in any JCC activity and use of recreational and work-out facilities involve a risk of accidental injury despite all safety precautions. Therefore, as a parent and/or guardian, I will assume all risks (injury or illness) for my children, family members and myself that may occur during participation in any activities or use of facilities at the JCC. In case of sudden injury or illness, I hereby give authority to any hospital or doctor to render immediate aid as may be required at the time for my children, family members or my own health and safety. I understand medical/dental expenses are my responsibility. I authorize photographs and video to be taken and used exclusively by the JCC in JCC publications and internet mediums.

By signing this form, I acknowledge that I am aware of the potential risks of participating in activities and/or programs at the JCC, and

agree to in no way hold the management, agent or employees of the JCC liable for any injury that my children, my family members or I may sustain.

Registration Policy: I understand that JCC Member program discounts are subject to change if there is a change in my membership status. A full refund will be given for any program cancelled by the JCC. In the event that a registrant withdraws before the first meeting of the class, a full refund or account credit \*may be given. After the first class, a prorated refund/credit \*may be given minus a \$10 change/drop fee. After the second class no refund or credits will be given. \*Some restrictions apply to select programs.

*I have read and understand all the above statements.*

Signature/Date \_\_\_\_\_

Office Use Only Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_ Date Paid: \_\_\_\_\_