

registration form

REGISTRATION DEADLINE IS
TWO WEEKS PRIOR TO CLASS START DATE

Name _____ Birthdate _____

Parent/Guardian Name (if registering for a child) _____

Address _____

City, State, Zip _____

Home Phone _____ Alternate Number _____

E-mail Address _____

Emergency Contact _____ Relationship _____ Phone _____

Child's School _____ District _____

- > Child will arrive by:
- > Bus (indicate time): _____ Parent drop-off ECC/HaBonim HMJDS Other _____
- > How did you hear about our classes?
- > Program Guide Website Ad Word of Mouth E-mail
- > Are you a member of the Sabes JCC?
- > Yes, Premium Yes, Community Yes, Fitness [Member Number: _____] No
- > Would you like us to send you an application for need-based scholarship for classes? Yes No

Please list each class on separate lines.

Course Name	Class ID (none for ongoing classes or swimming)	Day(s)	Time	Fee (class charges are per section)
JCC Special Olympics Fireflies	8557	MONDAYS	6:30-8:30 PM	\$ 40 ⁰⁰
				\$
				\$
				\$
				\$
Total Amount Due				\$ 40 ⁰⁰

- > Payment Options:
- > Check enclosed (Make checks payable to Sabes JCC) Visa MasterCard
- Credit Card Number _____ Exp. Date _____

Signature _____

- > Unless this box is checked, I hereby grant permission to use the names, pictures and quotations of myself and/or my > child for Sabes JCC publicity purposes.

I hereby agree to allow myself or my child to participate in the above named activity. I waive any and all rights and claims for damages I may have, for myself and/or my child, against the Sabes JCC and its employees and representatives, for any and all injuries from whatever cause occurring during participation in any activities or use of recreational facilities at or conducted by the Sabes JCC. I have also read, understand, and agree to all policies and procedures listed on previous page.

Signature _____ Date _____

FOR OFFICE USE ONLY

Date Received: _____ Total Class Fee \$ _____
Date Registered: _____ Total Amount Received \$ _____