



**FALL SEMESTER  
REGISTRATION**

- Member Priority Registration: Monday, August 10<sup>th</sup>
- Registration Open to the Public: Wednesday, August 12<sup>th</sup>

**Please Register EARLY!**

Phone: 305.534.3206 • Fax: 305.531.7681  
www.mbjcc.org

**Miami Beach JCC  
Program Registration Form**

- ✓ Submit ON-LINE at www.mbjcc.org
- ✓ FAX to: 305.531.7681
- ✓ MAIL form with payment to:  
Miami Beach JCC at 4221 Pine Tree Drive, Miami Beach, FL 33140

THERE ARE **NO REFUNDS FOR MEMBERSHIP**. FOR CLASSES THE FOLLOWING SCHEDULE APPLIES:  
 A full refund if the JCC cancels a class on or before the first class meeting; a pro-rated refund if the JCC cancels a class after the start date; a full refund minus a \$5 administrative fee for withdrawals prior to the first class; no refunds are given after the first class. In the event of medical withdrawal (with adequate documentation) the participant will be issued a JCC After-School Program credit for the subsequent term.  
 There is a \$25 charge for returned checks. \*Non-Members (NM): A \$35 Security Fee (per participant) is due with registration.

PARTICIPANT 1				
Participant Name		JCC Member? (circle) <b>Yes</b> <b>NO</b>	DOB / /	Male / Female
E-mail	Home #	Cell #		
Address	City	State	Zip	
Emergency Contact	Relation	Cell #		

PARTICIPANT 2				
Participant Name		DOB / /	Male / Female	Check if Contact Information is same as above:
E-mail	Home #	Cell #		
Address	City	State	Zip	
Emergency Contact	Relation	Cell #		

PARENTS/GUARDIANS REGISTERING CHILDREN, PLEASE COMPLETE THIS SECTION			
Parent Name 1	E-mail	Home #	Cell #
Parent Name 2	E-mail	Home #	Cell #
Participant 1 School / Grade		Participant 2 School/ Grade	

PARTICIPANT 1 OR 2	PROGRAM NAME	DAY S/M/T/W/R	TIME	FEE
				\$
				\$
				\$
				\$
			<b>*NM \$35 SECURITY FEE</b>	\$
			<b>TOTAL DUE</b>	\$

PAYMENT OPTIONS		
Please Circle: Check (payable to MBJCC)    Cash    Visa    MC    Amex    Exp. Date /    Account No.		
CVV #	Name on Card	Authorized Signature

OFFICE USE ONLY: Date Rec'd: _____ Rec'd by: _____ Discount: _____ Security Fee: _____ Amount Rec'd: \$ _____
Program <input type="checkbox"/> closed <input type="checkbox"/> wait-listed    Refund issued: _____ Issued by: _____

## Miami Beach JCC 2009-2010 Programs Participant Emergency Information & General Waiver Form

Participant 1 \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone Number \_\_\_\_\_

Do you take medication on a regular basis? Yes / No

If yes, please indicate: \_\_\_\_\_

Explain any allergies: \_\_\_\_\_

Please provide any other information about your child that will assist us in working most effectively with him or her: \_\_\_\_\_

Participant 2 \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone Number \_\_\_\_\_

Do you take medication on a regular basis? Yes / No

If yes, please indicate: \_\_\_\_\_

Explain any allergies: \_\_\_\_\_

Please provide any other information about your child that will assist us in working most effectively with him or her: \_\_\_\_\_

### PARENTS/GUARDIAN'S ACKNOWLEDGEMENTS

**Permission for Transportation:** I grant permission for the JCC Staff to transport my child to and from the JCC for field trips, and other planned events. I understand that all reasonable precautions will be taken to insure the safety and health of my child.

**Medical Waiver:** In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the JCC Staff to make arrangements to transport my child to the nearest hospital/emergency medical facility.

**Waiver:** I understand that JCC activities have inherent risks and hereby assume all risks and hazards incident to my child's participation in all JCC programs and facilities including transportation to and from said activities. I further release, absolve, indemnify, and agree to hold harmless the JCC, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my child's use of JCC facilities or participation in any JCC activity, whether located on JCC property or not.

**Waiver for Photo Release:** I give my consent for any photos taken of my child involved in JCC programs to be used for JCC, JCAA, and/or GMJF promotions or display.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If you are a participant 18+ years, please fill this form out in the first person.*

Miami Beach Jewish Community Center  
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Miami Beach, FL 33140  
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