

# CLASS REGISTRATION FORM

Register online at [www.alperjcc.org/](http://www.alperjcc.org/)

Complete and return to:  
 Dave and Mary Alper JCC  
 on The Jay Morton-Levinthal Campus  
 11155 SW 112th Avenue, Miami FL 33176  
 305.271.9000 x270 • Fax: 305.595.1902  
 Attn: Registrar

- Allow 2-4 days to process your registration.
- Assume that you have been enrolled in your class unless notified.
- Full payment is required upon registration.
- REFUND POLICY: No refunds after the classes begin. A \$5 processing fee will be charged for all cancellations and changes prior to the start of classes.
- ALL REQUIRED INFORMATION MUST BE FILLED IN FOR REGISTRATION TO BE VALID!

Registrar Only  
 eFinesstri:

CHECK BOX  JCC MEMBER & MEMBERSHIP # \_\_\_\_\_  GUEST PARTICIPANT  NESHAMA MEMBER

PARTICIPANT NAME \_\_\_\_\_ DATE OF BIRTH \*REQUIRED / /

FOOD ALLERGIES (FOR CLASSES WITH COOKING) \_\_\_\_\_

ADDRESS \*REQUIRED \_\_\_\_\_ CITY & ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME PHONE \*REQUIRED \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELLULAR \_\_\_\_\_

**FOR CHILDREN'S REGISTRATION \*REQUIRED:**

PARENT #1 \_\_\_\_\_ PARENT #1 DATE OF BIRTH / /

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELLULAR \_\_\_\_\_

PARENT #2 \_\_\_\_\_ PARENT #2 DATE OF BIRTH / /

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELLULAR \_\_\_\_\_

I, \_\_\_\_\_ authorize the staff of the JCC to seek medical attention for my child in the even that I am unavailable.

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

**WAIVER AND RELEASE - PLEASE READ CAREFULLY** I, on behalf of myself and my family ("I"), the undersigned, upon participating in programs at the Dave and Mary Alper Jewish Community Center, Inc. ("Alper JCC") agree to abide by the policies, rules, and by-laws of the Alper JCC. I understand that participating in a program may be limited or terminated upon violation of these rules. I understand that engaging in the different activities and programs at the Alper JCC, or otherwise connected with the Alper JCC, are done at my own accord, and that it is my sole responsibility to ensure that I am in the proper physical condition to engage in such activities or programs. I understand and acknowledge that participation in the programs offered by the Alper JCC, or otherwise connected with the Alper JCC, could in some circumstances result in physical injury, including death, despite all safety precautions, and that I assume all risks and hazards incidental to the programs or activities in which I engage. I hereby release, indemnify and hold harmless the Alper JCC and any and all of its servants, agents, contractors or employees, including but not limited to any and all of the instructors of any and all programs offered by the Alper JCC or connected with the Alper JCC, from and for any and all actions or causes of actions, claims, damages, demands by the registrants heirs/executors, administrators or assigns, for, upon, or by reason of any damage, loss or injury (including death) to the registrant or their property which may be sustained as a consequence of the registrant attending at or participating in any and all of the programs, or any other activity connected with the Alper JCC, including use of the facilities and equipment and transportation to and from these programs, notwithstanding any such damage, loss or injury (including death) may have arisen out of the negligent acts or omissions or the gross negligence of the Alper JCC, and any and all of its servants, agents, contractors or employees, including but not limited to any and all of the instructors of the programs. I understand and acknowledge that the Alper JCC is not liable for any loss, damage or theft of personal property wheresoever located, and not limited to personal property left in lockers, storage, parking lot or in any other area of the Alper JCC and I hereby expressly waive any claim(s) which I may have against the Alper JCC arising from or as a result of any such loss, damage or theft. I permit the free use by the Alper JCC in any manner whatsoever of my name and family members' name(s) and photos, without compensation paid to me or my family members. If the participant is under the age of eighteen (18), this form must be signed by a parent/guardian.

Participant's Name Printed \_\_\_\_\_ Participant's Signature \_\_\_\_\_ Date: / /

I am the parent/guardian of \_\_\_\_\_ who is under the age of eighteen (18) and agree to be responsible for all fees, costs, liabilities and expenses incurred under the terms and conditions of this Program Participation.

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

**PHOTO AND INTERNET/SOCIAL NETWORKING RELEASE:** I hereby give the Dave and Mary Alper Jewish Community Center and all persons acting with its permission the absolute right and unrestricted permission to obtain, use, copyright and/or publish photographic portraits or pictures of the above named registrant, in conjunction with the registrant's own name or another fictitious name whether such are still, moving, single, multiple, or with others. It is my understanding that such picture(s) are for the purpose of art, advertising, trade, inclusion in social media and any other lawful purpose whatsoever. I understand further that I will not have any opportunity to approve or review the finished product that may be used in connection there with or the use to which it may be applied. YES \_\_\_\_\_ NO \_\_\_\_\_

**THESE DEPARTMENTS REQUIRE SEPARATE REGISTRATION. PLEASE CONTACT THEM DIRECTLY:**  
 Dance Center x244, Danny Berry x241, Jane Forman Tennis x291, Martial Arts x276, Miami Children's Theater x400, Swim Gym x287, Super Soccer Stars 305.777.7077, Select Volleyball, 786.325.4063

Participant's Name	DOB	Enrolled in:		Class/Program	Day(s)	Time	Fee
		ECD	ASP				
							\$
							\$
							\$
							\$
<b>Total</b>							\$

Total Amount \$ \_\_\_\_\_ Payment Type (Circle): CASH CHECK MC VISA AMEX

Credit Card #: \_\_\_\_\_ Expires: \_\_\_\_\_ CVV#: \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_ Date: / /

Card Billing Address (inc. Zip) \_\_\_\_\_