

Dave and Mary Alper Jewish Community Center on The Jay Morton-Levinthal Campus

Registrar Only:
Batch# _____

Class Registration Form

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!**

JCC Member Membership #: _____ Neshama Member Non-Member

PARTICIPANT'S

ADDRESS (REQUIRED) _____ CITY _____ ZIP (REQUIRED) _____

EMAIL ADDRESS (FOR REGULAR EMAIL UPDATES) _____

PHONE (REQUIRED) _____ CELL # _____

CHILD'S ADDRESS AND PHONE NUMBER IF DIFFERENT FROM ABOVE _____

FOR CHILDREN'S CLASSES

PARENT #1

PHONE (H) _____ (W) _____ CELL # _____

PARENT #2

PHONE (H) _____ (W) _____ CELL # _____

I, _____, authorize the staff of the JCC to seek medical attention for my child in the event I am not available.

Emergency Contact Name _____ Phone _____

Doctor's Name _____ Phone _____

REGISTRATION NOT VALID UNLESS THIS SECTION IS COMPLETED WITH NAMES AND SIGNATURE

I DO HEREBY VOLUNTARILY SUBMIT MY / MY CHILD'S APPLICATION, AND ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES, OR LOSSES THAT I / MY CHILD _____ MAY SUSTAIN OR INCUR WHILE ATTENDING OR PARTICIPATING, AND HEREBY WAIVER ALL CLAIMS AGAINST THE DAVE AND MARY ALPER JCC OR ANYONE ASSOCIATED WITH THIS PROGRAM. I AUTHORIZE THE JCC TO HAVE MY CHILD TREATED IN THE EVENT OF AN ACCIDENT OR INJURY IF I CAN NOT BE REACHED.

Photo 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 person, whether such are still, moving, single or multiple, or in which this person is in whole or part, in conjunction with the person's own name or another fictitious name. It is my understanding that such picture(s) are for the purpose of art, advertising, trade, 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 therewith or the use to which it may be applied.

Signature _____ **Date** _____

TOTAL AMOUNT \$ _____ Enclosed please find check for: \$ _____

Please register directly with the following departments: Dance Center x244, Danny Berry's JCC Baseball x241, JJane Forman Tennis x291, Martial Arts x276, Miami Children's Theater x400, Swim Gym x287.

M/C VISA AMEX # _____ Exp. Date: _____ Security Code: _____

Signature _____ **Date** _____

Participant's Name	Age	Enrolled in:		Class/Program Be Specific	Day(s)	Time	Fee
		ECD	Day Care				
TOTAL							