

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

# Class Registration Form

Registrar Only:  
 Batch# \_\_\_\_\_  
 CL# \_\_\_\_\_

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, John McLean's JCC 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	Class Code
		ECD	Day Care					
<b>TOTAL</b>								