



## Aquatics Class Registration & Emergency Authorization

### BILLING INFORMATION (parent/guardian if applicable)

Last Name	First Name		
Address	City	State	Zip
Home Phone	Cell Phone	Email	

### PARTICIPANT(S) AND CLASS/LESSON SELECTION(S)

Name	Class or Lesson Type (group, semi-private, private)	Session(s)	Time	Fee
1.				
2.				
3.				
4.				

Payment:  Cash  Check  Credit Card (Visa, MC, Discover, Amex) Total Amount Enclosed \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ JCC Member?  Yes  No

### EMERGENCY AUTHORIZATION

**PLEASE NOTE: The JCC must have a current Emergency Authorization for medical treatment of minors on file for each participant in its programs.**  
I hereby appoint the appropriate JCC staff members to act on my behalf in authorizing unexpected medical, dental or surgical care and/or hospitalization for the below named minor(s) during the period of May 12, 2017 through September 30, 2017, in the event of my unavailability.

Name	Date of Birth	Allergies/Special Conditions
1.		
2.		
3.		
4.		

Medical/dental/hospitalization coverage for above named minor(s):

Insurance company/government program \_\_\_\_\_ ID/contact/group # \_\_\_\_\_

Family physician \_\_\_\_\_ Phone # \_\_\_\_\_

### PUBLICITY RELEASE

I hereby  give  do not give permission for my above named child(ren) to be used in any JCC of Syracuse photos, videos, publicity or promotional pieces.

### AGREEMENT/RELEASE SIGNATURE

I recognize that participating in athletic/recreation programs have certain inherent risks for which the Jewish Community Center of Syracuse, Inc., is not liable. I hereby, for myself, executors and administrators, waive and release any and all claims for damages I may seek against the JCC or places used by the JCC in conjunction with this athletic/recreation program. I also

recognize that medical expenses I may incur in connection with participation in this athletic/recreation program are my own responsibility. I hereby appoint the appropriate JCC staff to act on my behalf in authorizing unexpected medical, dental, surgical or hospital care should I be unable to do so. I have read the preceding paragraphs as acknowledged by my signature below.

Signature \_\_\_\_\_

Date \_\_\_\_\_