

NINJA WARRIOR

CLASS FOR PRESCHOOLERS



Pre-registration required. Class is subject to minimum enrollment.

NINJA WARRIOR



Build strength and agility by jumping, swinging, climbing, hanging, balancing and leaping through our fun-filled, ninja-style obstacle course!

Age: Pre-K

Day: Wednesday

Time: 2–2:45 pm

Dates: 9/26–11/28 (not 11/21)

Fee: \$155 members, \$170 non-members

Attire: Shorts or sweatpants. No pants with snaps, buttons or strings.

JCC membership is not required to enroll. Use the registration form on back and sign up today!

Questions? Call Sherri at 315-445-2040, ext. 126.



SAM POMERANZ
JEWISH COMMUNITY CENTER
OF SYRACUSE

5655 Thompson Rd., DeWitt • 315-445-2040 x126 • www.jccsy.org





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 SELECTION(S)

Name	Class	Day(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 Sept. 1, 2018 through August 31, 2019, 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 _____