



## Aquatic Registration Form Summer 2024

### Billing Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  Member  Non-Member

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### Swim Lessons

Private  Semi-Private (must provide group)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Number of Lessons: \_\_\_\_\_ Fee: \_\_\_\_\_

Preferred Days of Lessons:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Please note that schedule will be determined with the aquatics staff once registration is received.

Notes: \_\_\_\_\_

### J-Rays Swim Club (Family Membership Required)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade (School Yr. 2024-25): \_\_\_\_\_ Fee: **\$400**

### Payment

Payment:  Cash  Check  CC # \_\_\_\_\_ Exp Dat: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Total Amount Enclosed: \_\_\_\_\_

### Emergency Authorization

Please Note: I hereby appoint the appropriate JCC staff members to act on my behalf in authorizing unexpected medical, dental or surgical care/or hospitalization for the below names minor(s) in the event of my unavailability from May 25, 2024 - September 2, 2024.

Name	Date of Birth	Allergies/ Special Conditions

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

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

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Publicity Release

I hereby  give  do not give permissions for my above names child(ren) to be used in the JCC of Syracuse promotional pieces.

### Agreement/ Release Signature

I recognize that participating in athletic/recreation programs have certain inherent risks which the Jewish Community Center of Syracuse 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 the 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 paragraph as acknowledgment by my signature below.

Signature \_\_\_\_\_ Date \_\_\_\_\_