

Program Registration Form



Program Title: Fun & Fitness with Friends

Date: November 1st, 2009-January 31st, 2010

One form per participant. Please copy this form for additional participants.

PARENT/GUARDIAN INFORMATION

___ JCC member (Membership Number: J _____) ___ Non-Member

Full Name: _____ Gender: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Address/City/State/Zip Code: _____

CHILD'S INFORMATION

Child's Full Name: _____ Gender: _____

Child's School Grade: _____ Child's Birth date: _____

Authorize Emergency Medical Treatment? No ___ Yes ___ (complete the following)

Insurance Information & Policy Number: _____

Allergies? _____

PAYMENT INFORMATION

FEE: \$ _____

Check enclosed, made payable to APJCC

Visa/MasterCard: _____ Name on card: _____

Card Number: _____ Expiration Date: _____

PUBLICITY RELEASE

I hereby grant permission to the APJCC to take photographs of me for marketing and fundraising purposes unless otherwise indicated in writing. As a parent or guardian of the minor named above, I consent to photographs being taken of the minor and used in APJCC marketing and fundraising materials unless otherwise indicated in writing. I understand there is no financial compensation for the photographs.

Signature: _____ Date: _____

Please return completed form to Addison-Penzak JCC, 14855 Oka Road, Suite 201, Los Gatos, CA 95032, or fax completed form to **408.358.7311**.