

Program Registration Form

PLEASE FILL OUT THIS FORM COMPLETELY

ONE FORM FOR EACH PROGRAM PARTICIPANT. PLEASE COPY THIS FORM FOR ADDITIONAL PARTICIPANTS.

CUSTOMER INFORMATION		<input type="radio"/> Member (Membership Number: J_____)	<input type="radio"/> Non-Member
First Name	Last Name	Birth date	Gender
Street Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	Email

CHILD PARTICIPANT INFORMATION <i>(if program participant is under 18)</i>			
Child's First Name	Child's Last Name	Birth date	Gender
Child's School	Grade	Known Allergies	

EMERGENCY INFORMATION				
Emergency Contact	Relation	Home Phone	Work Phone	Cell Phone
Authorize Emergency Medical Treatment? <input type="radio"/> Yes (complete the following) <input type="radio"/> No				
Insurance Carrier	Subscriber Number	Policy Number		
Signature	Date			

PROGRAM CHOICES			
Program Title	Code	Date & Time	Fee
Program Title	Code	Date & Time	Fee
Program Title	Code	Date & Time	Fee
			TOTAL FEES \$_____

PAYMENT INFORMATION (MUST BE COMPLETED)			
<input type="radio"/> Check enclosed and made payable to APJCC	<input type="radio"/> Visa	<input type="radio"/> MasterCard	<input type="radio"/> Cash
Card Number	Expiration Date		
Name on Card	Signature		

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 materials unless otherwise indicated in writing. I understand there is no financial compensation for the photographs.	
Signature	Date

REGISTRATION OPTIONS:



Return completed form to
14855 Oka Road, Ste. 201
Los Gatos, CA 95032



Fax completed form to
408-358-7311



Drop form off at
APJCC Front Desk