

# registration form

REGISTRATION DEADLINE IS  
ONE WEEK PRIOR TO CLASS START DATE

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/Guardian Name (if registering for a child) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Child's School \_\_\_\_\_ District \_\_\_\_\_

> Child will arrive by:  
 Bus (indicate time): \_\_\_\_\_  Parent drop-off  ECC/HaBonim  HMJDS  Other \_\_\_\_\_

> How did you hear about our classes?  
 Program Guide  Website  Ad  Word of Mouth  E-mail

> Were you referred by a friend?  
 Yes. Friend's name: \_\_\_\_\_

> Are you a member of the Sabes JCC?  
 Yes, Premium  Yes, Community  Yes, Fitness [Member Number: \_\_\_\_\_]  No

> Would you like us to send you an application for need-based scholarship for classes?  Yes  No

**Please list each class on separate lines.**

Course Name	Class ID (none for ongoing classes or swimming)	Day(s)	Time	Fee (class charges are per section)
				\$
				\$
				\$
				\$
				\$
Total Amount Due				\$

Promotional Discounts will be credited by January 17, 2011.

> Payment Options:  
 Check enclosed (Make checks payable to Sabes JCC)  Visa  MasterCard

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

>  Unless this box is checked, I hereby grant permission to use the names, pictures and quotations of myself and/or my child for Sabes JCC publicity purposes.

I hereby agree to allow myself or my child to participate in the above named activity. I waive any and all rights and claims for damages I may have, for myself and/or my child, against the Sabes JCC and its employees and representatives, for any and all injuries from whatever cause occurring during participation in any activities or use of recreational facilities at or conducted by the Sabes JCC. I have also read, understand, and agree to all policies and procedures listed on previous page.

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

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Total Class Fee \$ \_\_\_\_\_  
 Date Registered: \_\_\_\_\_ Total Amount Received \$ \_\_\_\_\_