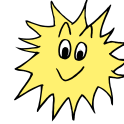


JCC Youth Department ... Holden 1/2 Days

Grades K - 6 ... 12:30 - 5:30 pm ... Members & Nonmembers

Wednesday, December 14, 2011
 Wednesday, January 25, 2012
 Wednesday, February 15, 2012
 Wednesday, April 4, 2012
 Wednesday, May 2, 2012

Bring your lunch and spend the rest of the day with your friends at the "J"!
Weather permitting, we'll also have outside play and gym play with Bob!



- Wednesday, December 14, 2011 - "Hawaiian Beach Party" ... Hawaiian music and games!
- Wednesday, January 25, 2012 - "Fun in the Snow" ... Outside play in the snow! (Bring extra clothes for outside)
- Wednesday, February 15, 2012 - "Superbowl Week" ... Chips & Dip served after lunch. Football in the gym!
- Wednesday, April 4, 2012 - "Pirates of the Caribbean" ... Treasure hunt through the JCC!
- Wednesday, May 2, 2012 - "Cookout" ... Cooking hot dogs on the grill for lunch with music!

Fee per day: \$31/members, \$41/nonmembers

Questions? **Dave Lachapelle, Youth Director, x 231, dlachapelle@worcesterjcc.org**
Worcester JCC, 633 Salisbury Street, Worcester, MA 01609 ...worcesterjcc.org

The JCC is open to all regardless of race, color, religion, national origin, gender, sexual orientation, age, disability, or economic condition.
 The Center is handicapped-accessible. We reserve the right to correct typographical errors.

REGISTRATION: Please complete the following and return, with payment, to the Worcester JCC, 622 Salisbury St., Worcester, MA 01609. You can also drop it off at the kiosk, or fax to the JCC 508-754-3373.

REFUND POLICY: Refund/credit to account shall be allowed, less a \$25 administration fee, for all cancellations or changes by participant, if notice of cancellation or change is received by the JCC office before the start date of the program. Full refund/credit shall be made in the event an activity is cancelled by the JCC due to insufficient registration - **"Holden 1/2 days"**

Child's name: _____ Any known allergies: _____

Phone: _____ Emergency Phone: _____

Address: _____ City: _____ Zip: _____

Grade: _____ D.O.B. _____ Email: _____

Wed., Dec 14 - \$31/M, \$41/NM 16-1214

Wed., April 4 - \$31/M, \$41/NM 16-0404

Wed., Jan. 25 - \$31/M, \$41/NM..... 16-0125

Wed., May 2 - \$31/M, \$41/NM 16-0502

Wed., Feb. 15 - \$31/M, \$41/NM.....16-0215

WAIVER OF RESPONSIBILITY:

I wish to participate and/or give my children permission to participate in the Worcester Jewish Community Center ("JCC") activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the JCC allowing me to participate in JCC activities, I understand and expressly acknowledge that I release the JCC and its staff members from all liability for any injury, loss, or damage connected in any way whatsoever to my (or my children's) participation in JCC activities, whether on or off JCC's premises. I authorize JCC staff to act on their best judgement in the event of an emergency; including transporting myself or my child(ren) to the hospital and authorizing treatment by a physician. I understand that this release includes any claims based on the negligence, action, or inaction of the JCC, its employees, independent contractors, directors, members and guests. I have read and am voluntarily signing this authorization and release. I understand that the JCC is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using the JCC, its employees, independent contractors, directors, members and guests. I understand the JCC does not offer medical insurance relating to all accidents and/or injuries that may result from my or my family's participation in JCC activities. I will be responsible for maintaining any appropriate medical insurance for myself or my children.

I give my permission to the JCC to use without limitation and obligation, photographs, film footage, or tape recordings which may include my (or my family's) image or voice for purposes of promoting or interpreting JCC programs.

SIGNATURE (Must be 18 years of age or older) _____ Date: _____

Cash Check M/C Visa Debit/Credit Card #: _____

3 or 4 Digit Secure Code: _____ Exp. Date: _____

Authorized Signature: _____ Date: _____