WORCESTER JCC

www.worcesterjcc.org

REGISTRATION FORM: Member Number:_____ Non-Member Number:_____ email:_____

(PLEASE PRINT)

Name of Primary Account Holder (Last) (First)	Date	Signature
Address	**Zip Code**	**Phone** **(H)** **(W)**

(PLEASE PRINT)

Participant's Name	Grade Pre	JCC ASSP schoo (Y/N)	JCC (Y/N)	DOB	Sex	Course Number	Course Name	Sess. #	Day	Fee*

***PAYMENT IN FULL MUST ACCOMPANY REGISTRATION AND WJCC ACCOUNT MUST BE CURRENT**

REFUND POLICY: Refund/credit to account shall be allowed, less a $25 administrative fee, for all cancellations or changes by participant, if notice of cancellation or change is received by the Center office before the starting date of the program unless otherwise stated in program description. Full refund/credit shall be made in the event an activity is cancelled by the Center due to insufficient registration. No refund/credit if participant withdraws or changes after the starting date of the program. No refund/credit for missed classes.

RELEASE: I give the person(s) named above permission to attend the Worcester JCC program(s) and to be given medical treatment if any medical emergency occurs: Participation in any JCC activity and use of any recreational facilities involves a risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the Worcester Jewish Community Center, I/We, as an individual or as a parent or guardian of the participants named herein, assume all risk and hazards incidental to the activities, and release from responsibility and agree to indemnify and hold harmless the Worcester Jewish Community Center, its officers, directors, independent contractors, volunteers and all employees for any illness or injury to me or my children or family members occurring during his/her/our participation in any activities or use of any recreational facilities at or conducted by the Worcester Jewish Community Center. Participation in JCC sponsored activities constitutes my/our permission to the Center to use any of the photos of the participant for promotional purposes.

Signature of Parent or Guardian:_____ Date:_____

Parents' Daytime Phone Numbers:_____

TO REGISTER BY MAIL OR FAX: Check or money order should be made payable to the Jewish Community Center and mailed with this form to: Jewish Community Center, 633 Salisbury Street, Worcester, MA 01609, or FAX to 508-754-3373 (credit card number & expiration date must accompany fax). We reserve the right to correct typographical erros.

Cash Check MC Visa Credit/Debit Card # / Check #: **CID#** **Exp. Date:** **Total:**