



JCCSF CLUB 18 TEEN PROGRAM MEMBERSHIP APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

E-mail Address _____ Birthdate _____ / _____ / _____

Grade in School _____ School Enrolled _____

Synagogue Affiliation (name of congregation) _____ No affiliation

How did you hear about the JCCSF Club 18 Teen Program? _____

Parent's Name (1) _____ Occupation _____

Day Phone (_____) _____ Evening Phone (_____) _____

Parent's Name (2) _____ Occupation _____

Day Phone (_____) _____ Evening Phone (_____) _____

With whom do you live? _____

In case of emergency, please contact: _____

Emergency Contact Phone Number(s) (_____) _____

Teen membership is \$50 for the academic year (July 1 to June 30). Please make checks payable to JCCSF Club 18. Membership applications should be sent to Club 18, c/o JCCSF, 3200 California Street, San Francisco, CA 94118.

Check here if you would like to receive mail from other Jewish programs in the Bay Area.

Parent Permission Statement

1. It is the responsibility of every individual's parents or legal guardian to provide for his or her own accident and health coverage while participating in all JCCSF activities.
2. In case of medical emergency, I authorize staff of the JCCSF to consent to any medical treatment and/or hospital care which is rendered to the minor named above.
3. In addition to the above, I grant permission for the above named minor to participate in all JCCSF Teen Center activities. My child has permission to go on all field trips and overnights.
4. The JCCSF has permission to use photos of the above named minor for JCCSF marketing purposes unless otherwise indicated in writing.

Parent Signature _____ Date _____

For information on the JCCSF Club18 Teen Program, please call 415.292.1261.



GOLD CENTER FOR YOUTH & FAMILY

Jewish Community Center of San Francisco
Life, Learning & Laughter

**YOUTH PARTICIPANT MEDICAL
INFORMATION & RELEASE**

The following waiver and release forms must be completed for participants in youth aquatics, sports, and recreation programs (does not include camps).

1. I hereby give permission to the medical personnel selected by the JCCSF and its adult staff to arrange for emergency medical treatment, order X-rays, routine tests, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I am unable to make decisions in an emergency, I hereby give permission to the physician selected by the JCCSF and its adult staff to secure and administer treatment, including hospitalization, for the child named below.
2. I authorize approved staff members to transport my child in a personal vehicle in case of a medical emergency.

Child's Name _____ Date of Birth _____

Primary Address _____ Zip _____ E-Mail _____

Parent's Name _____ Home Phone _____ Work Phone _____ Cell Phone _____

Parent's Name _____ Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact (other than parent) _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Physician's Name _____ Physician's Phone # _____

Health Insurance Company _____ Group Policy # _____

Name of Policyholder _____ Insurance Co. Telephone _____

Please list all allergies, including medicines, foods, insects _____

Is your child currently taking medicine for an existing medical condition (i.e., asthma medication) Y N

Please list _____

Parent's Signature _____ Date _____

YOUTH PARTICIPANT WAIVER AND RELEASE OF LIABILITY

In consideration of my child, _____, being allowed to participate in aquatics, sports, dance and/or recreational programs at the Jewish Community Center of San Francisco (JCCSF), the undersigned acknowledges and agrees that:

Participation in aquatics, sports, dance and/or recreational activities can result in physical injuries. While particular rules, equipment and personal discipline may reduce such risks, the risk of injury, including serious injury and disability, does exist.

The undersigned, knowingly and freely assumes all such risks, both known and unknown, and assumes full responsibility for the participation of the minor child noted above.

The undersigned, on his or her behalf, on behalf of the child noted above, and behalf of all heirs, assigns, personal representatives, and next of kin, hereby releases and holds harmless, to the extent permitted by law, the JCCSF, its officers, officials, agents and/or employees, its sponsors, and other participants and their families with respect to any and all injury, disability, death, loss, or damages to person or property.

I have read this release of liability and assumption of risk agreement, fully understand its terms, and sign it freely and voluntarily without any inducement.

Parent/Guardian Signature _____ Date _____ Print Name _____

The above waiver and release forms are valid for the current school year, which ends on June 30, 20_____.

Complete and return to the JCCSF

by _____.

3200 California Street, San Francisco, CA 94118

415.292.1200 • www.jccsf.org