



**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](http://www.jccsf.org)