

## PARTICIPANT INFORMATION SHEET

Date: \_\_\_\_\_

**ADULT 1:**      *Please Print Clearly*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**ADULT 2:**      Same Address

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Home

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Children:	Gender	Date of Birth	Grade
Full Name: _____	_____	___/___/___	_____
Full Name: _____	_____	___/___/___	_____
Full Name: _____	_____	___/___/___	_____
Full Name: _____	_____	___/___/___	_____
Full Name: _____	_____	___/___/___	_____

### Participant Agreement

- I/We authorize the Mandell JCC to draft my/our credit card or bank account for class and/or program fees
- I am/We are responsible for any payment plus a service charge for each returned check or declined credit card. If payment is returned for any reason, the declined amount must be paid within 30 days of notification or my/our membership may be discontinued.
- I/We agree to complete fully and truthfully any medical screening forms which may be required as a condition for participation in a JCC program.
- I/We acknowledge that all JCC facilities are used at my/our own risk.
- I/We waive any claims for damage, loss or theft of property arising out of or in connection with the use of any JCC facility, including the parking lot.
- I/We hereby release and hold harmless the JCC, its officers, directors and employees from any damages, claims, loss and liability relating to injury, illness or death to me/us/our child(ren) which may arise from participation in any JCC program.
- I/We understand that while using the JCC facilities my/our photograph may be taken for publicity purposes.
- I/We agree to abide by the rules of the JCC.
- The JCC reserves the right to change class schedules, hours, facilities and equipment.
- I/We have read and understand the above statements and do agree to follow them to the best of my/our ability.

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

***For Payments, please bring credit card you would like to use to the Membership Services Center, as well as this form.***

\_\_\_\_\_ *I agree to allow the Mandell JCC keep my credit card or bank draft information on file*

***For Office use:***

*Staff:* \_\_\_\_\_ *Date Received:* \_\_\_\_\_

*Participant Acct. Number:* \_\_\_\_\_