

Club 18  
(Grades 6 – 8)

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## After School Chill Hours Registration & Release

### Participant Information

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  Male  Female

How do you prefer to receive information about Club 18:  Email  Cell  Text  Facebook  MySpace

Grade in September 2009 \_\_\_\_\_ School Attending \_\_\_\_\_

Primary Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### Family Information

Name of Parent or Guardian (Primary contact) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Other Parent's or Guardian's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Information will be sent to primary parent. Check here to have duplicate information sent to other parent's address.

### Emergency Contact

Name \_\_\_\_\_ Relationship to Teen \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Medical Information

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Group Policy No. \_\_\_\_\_

Name of Policyholder \_\_\_\_\_ Insurance Co. Phone \_\_\_\_\_

Please list all allergies, including medicines, foods, insects. \_\_\_\_\_

Is your child currently taking medicine for an existing medical condition (i.e., asthma medicine)?  Yes  No

Please list. \_\_\_\_\_

### Parental Release

1. I understand that it is the responsibility of every individual and his or her parents or legal guardian to provide for his or her own accident or health coverage while participating in all JCCSF activities.
2. I authorize the JCCSF and its adult staff or representatives to consent to any emergency medical treatment and/or hospital care which is rendered to the minor named above, under the supervision of any physician licensed under the California Medical Practices Act.
3. I authorize approved staff members to transport my child in a personal vehicle in case of a medical emergency or if my child must be removed from a field trip or offsite activity and understand that the JCCSF will verify the clean driving record and auto insurance of all drivers.
4. I grant permission for the above-named minor to participate in all After School Chill Hours activities including field trips, volunteers and other activities held at offsite locations.
5. I grant permission for photos/videos including the above-named minor to be used for JCCSF marketing purposes unless otherwise indicated in writing.
6. I understand that After School Chill Hours has an **Open Door Policy**. Participants are allowed to come and go as they please. We assume no responsibility for participants who choose to come on a particular day or who choose to leave early. If you want your child to remain at After School Chill Hours at all times, please instruct them not to leave. If your child does not walk home on his or her own, arrangements should be made to pick up your child prior to closing.
7. I understand that my child and I are expected to honor JCCSF's After School Chill Hours policies.

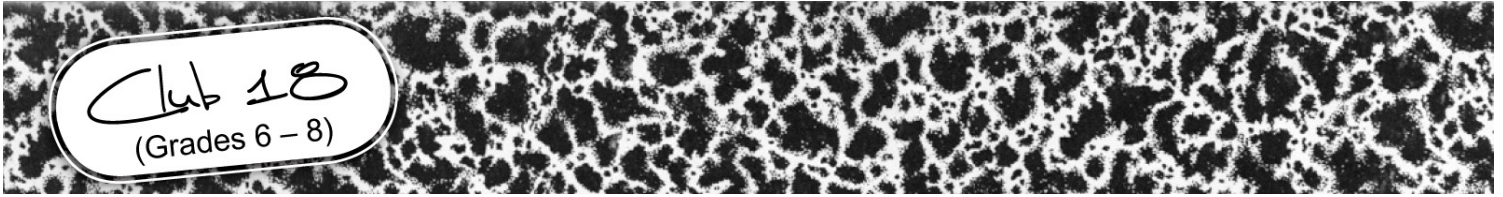
Signature of Parent or Guardian \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

(Please see other side)



Jewish Community Center of San Francisco

3200 California St. • SF, CA 94118 • www.jccsf.org • 415.292.1200



**Billing Information**

After School Chill Hours: Monday – Friday, 2:00 – 6:00 pm

Early Bird Pricing (prior to August 23, 2009):  \$500

Per Year Pricing (after August 24, 2009):  \$550

Per Semester Pricing:  \$300

Drop-In Daily Pricing:  \$5

Help Teens Flourish. Make a gift to the JCCSF Teen Program.  \$ \_\_\_\_\_

Check enclosed payable to JCCSF     Bill my credit card     Visa     MasterCard     American Express

Account No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**Financial Assistance**

The JCCSF strives to make its programs accessible to individuals and families from all backgrounds. Financial assistance is made possible by our generous supporters. Applications for financial assistance are available at [www.jccsf.org/club18](http://www.jccsf.org/club18). For additional information, please call Club 18 at 415.292.1281.

**For Our Records**

Are your parents or guardians JCCSF members?  Yes  No

What is your household’s religious affiliation? (optional)  Jewish     Jewish/Interfaith     Other     Decline to State

**Release of Liability**

This is a release. Please read this release carefully. By signing this release, you are giving up important legal rights, including your and your Child’s right to sue.

**Acknowledgment and Assumption of Risk**

My Child and I are aware that there are many risks inherent in the activities offered in connection with the After School Chill Hours, which activities may include (but are not limited to): sports, arts and crafts, volunteer or other offsite activities held at public parks, museums and various other locations, and transportation to and from activities by walking, public and/or private transportation (including but not limited to buses and JCCSF rented or chartered vehicles) (collectively “the Activities”). My Child and I understand that some of these risks cannot be eliminated, altered or controlled, and that these risks can be the cause of my Child’s injury, illness or death or damage to my or my Child’s belongings.

My Child and I knowingly and freely assume all risks and hazards in these Activities, both known and unknown, whether caused by the action, inaction or negligence of the JCCSF, its agents, employees, representatives and affiliates (the “Released Parties”), and we assume full responsibility for the participation of my Child in the Activities.

**Release**

In consideration for my Child being permitted to participate in the After School Chill Hours program, my Child and I agree not to make a claim against or sue the Released Parties, and my Child and I release and hold harmless the Released Parties for all demands, actions or claims of liability arising out of the negligence or any other act or omission by the Released Parties that causes my Child’s illness, injury, death and/or damage to my or my Child’s belongings as a result of my Child’s participation in the After School Chill Hours program

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

**Mail or fax registration form to:**

JCCSF Teen Program  
3200 California Street  
San Francisco, CA 94118  
Fax: 415.276.1561