



JCCSF Teen Membership

Member Information

Name _____ Birth Date _____ Male Female
 Grade in September 2009 _____ School Attending _____
 Primary Address _____ City/State _____ Zip _____
 Home Phone _____ Cell Phone _____ Email _____

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

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 _____

Billing Information

Academic Year (August 1, 2009 – June 30, 2010): \$100

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

Bill My Credit Card Check Enclosed *Payable to JCCSF* Visa MasterCard American Express

Account No. _____ Expiration Date _____

Signature _____ Print Name _____

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

Talk to us. Who are you?

Likes _____

Dislikes _____

Favorite websites _____

Favorite places to chill _____

I am interested in Sports Programs Arts Programs Community Service and Social Action Dances and Social Events

The JCCSF Teen Program should do more _____

(Please see other side)



Participant/Parental Release

- 1. I understand that it is the responsibility of every Participant and, if Participant is under the age of 18, his or her parents or legal guardian to provide for Participant's 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 Participant, under the supervision of any physician licensed under the California Medical Practices Act.
- 3. I authorize approved staff members to transport the Participant in a personal vehicle in case of a medical emergency or if the Participant must be removed from a field trip or an offsite activity. I understand that the JCCSF will verify the clean driving record and auto insurance of all drivers.
- 4. I grant permission for the Participant to participate in all JCCSF activities, including field trips and volunteer and other activities held at offsite locations.
- 5. I grant permission for photos/videos including the Participant to be used for JCCSF marketing purposes unless otherwise indicated in writing.
- 6. I understand that for most JCCSF activities Participants are permitted to leave as they please, and that we only supervise Participants while the Participants are engaging in JCCSF activities. If Participant is under the age of 18, Participant's parents or legal guardians are responsible for instructing Participant as to when Participant may leave a JCCSF activity and, if Participant does not walk home on his or her own, they are responsible for making arrangements for the Participant to be picked up at or before the end of the activity.
- 7. I understand that Participant and, if Participant is under the age of 18, Participant's parents or legal guardians, are expected to honor JCCSF's policies.

Signature of Participant (or Parent or Guardian, if participant is under 18) required.

Name and Relationship _____ Date _____

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, if applicable, your Child's right to sue.

Acknowledgment and Assumption of Risk

I am aware that there are many risks inherent in the activities offered in connection with the teen program ("Program"), which activities may include (but are not limited to): sports, arts and crafts, hiking, camping, social events, volunteer and 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"). I understand that some of these risks cannot be eliminated, altered or controlled, and that these risks can be the cause of my injury, illness or death or damage to my belongings.

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 I assume full responsibility for my participation in the Activities.

Release

In consideration for my being permitted to participate in the Program, I agree not to make a claim against or sue the Released Parties, 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 illness, injury, death and/or damage to my belongings as a result of my participation in the Program.

If the participant in the Program is under the age of 18, then this Release of Liability must be signed by the participant's parent or legal guardian, and all references to "I" and "my" refer to both the participant and the participant's parent or legal guardian.

Signature of Participant (or Parent or Guardian, if participant is under 18) required.

Name and Relationship _____ Date _____

Mail or fax form to: JCCSF Teen Program • 3200 California Street • San Francisco, CA 94118 • Fax: 415.276.1561