

Registration Form



PART 1 Family Information			
Parent's Name		E-mail Address (Confirmations will be sent via e-mail)	
Address		City	State Zip
Day Phone Number	Cell Phone Number	Emergency Contact Name	Phone #

PART 2 Fill In Programs For Each Participant					
USE THIS SECTION FOR ALL CLASSES & EVENTS					
Participant's Name	Birthdate	Sex	Program	Grade	Fee
		<input type="radio"/> M <input type="radio"/> F			
		<input type="radio"/> M <input type="radio"/> F			
		<input type="radio"/> M <input type="radio"/> F			

PART 3 T-Shirt Size*
Please Circle One: Child: S M L Adult: S M L XL XXL

PART 4 Review & Sign Release

PARENTAL ASSUMPTION OF RISK AND RELEASE

I give permission for the above named participant to be included in photos for publicity purposes. I understand that the JCYS Northwest Family Center is not responsible for the loss of personal property or personal injury sustained by the participant and I hereby agree to indemnify and hold harmless the Jewish Council for Youth Services from such losses or injuries. In the event that I cannot be reached in an emergency involving the above named participant, I hereby give permission to the appropriate medical personnel selected by the program leader to provide medical treatment deemed necessary by such medical personnel including, but not limited to x-rays, tests, injuries, blood transfusions, hospitalization, anesthesia, and surgery. JCYS reserves the right to change or alter any program with advance notice. Registration fees are non-refundable.

I have read and agreed to abide by the policies as written on this consent.

Print Name of Participant

Signature of Parent or Legal Guardian

Mail-in, Drop-off or fax:
 JCYS Northwest Family Center
 1700 Weiland Road
 Buffalo Grove, IL 60089
 Fax: (847) 279-0909

PART 5 Fill in Special Requests

Please list any special needs, allergies, medication, learning disabilities or any other information we may need to make your experience a positive one.

PART 6 Review Registration Policies

- JCYS accepts Visa or Mastercard, cash, and personal check made payable to JCYS.
- Refunds for trips will only be issued if the spot can be filled.
- Full refunds will be issued for any program cancelled by JCYS.
- Refund processing may take up to three weeks.
- A \$25.00 administrative fee will be imposed if you decide to withdraw from a program after registering.
- Refund requests received less than two business days prior to a program will only be issued for medical reasons.
- Fees paid by credit card will be refunded through charge account credits.

PART 7 Fill in Payment Information

Credit Card # _____

MC or Visa (Circle One) Expiration Date _____

Cardholder Name (Please Print)

Signature of Card Holder

Cash _____ Check _____

Total Amount Enclosed \$ _____