

OFJCC PROGRAM REGISTRATION FORM

Please print clearly. All forms must be completed in full to be processed. Use a separate form for each participant. Registration for many of our programs is also available online at www.paloaltojcc.org!

Please read, sign and date the attached Consent & Release Form.

1. PARTICIPANT INFORMATION

Participant First Name	Last Name	Birth Date	
Parent Name (if applicable)			
School (if applicable)	Grade (if applicable)		
Address	City	State	Zip
Phone	Work/Cell Phone		
Emergency Contact	Phone		

2. PROGRAM REGISTRATION

Program Name	Code	Date/Time	Fee
Program Name	Code	Date/Time	Fee
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Program Name	Code	Date/Time	Fee

3. PAYMENT INFORMATION

Total Fees	Donation*
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*Please consider adding a tax-deductible contribution to the OFJCC scholarship fund to enable those with financial need to participate.

Tax ID#: 77-0185734

Method of Payment

Cash Check (payable to the OFJCC) Please charge my VISA MC AMEX

Credit Card #	Expiration Date
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Cardholder Signature	Date
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MAIL/FAX TO:

Oshman Family JCC
Taube Koret Campus for Jewish Life
3921 Fabian Way
Palo Alto, CA 94303
Fax: (650) 852-3600

IMPORTANT REGISTRATION INFORMATION:

Registrations will not be processed without payment. There is a \$20 processing fee for cancellation by registrants prior to the first class. No refunds will be made for withdrawals or missed classes after a class has begun. If the OFJCC cancels a class, a refund will be issued.

Please visit www.paloaltojcc.org or call the Customer Service Desk at (650) 223-8700 for more information.

All programs subject to change.

Find out about all of our latest programs and register online at www.paloaltojcc.org.



Not an OFJCC Member? Call (650) 223-8701 or email membership@paloaltojcc.org to find out about Center and Community Membership options and benefits.

CONSENT & RELEASE FORM

SPECIAL CONSIDERATIONS

Health Insurance

It is the responsibility of every individual participant or his/her parent(s) or legal guardian to provide his/her own accident and health coverage while participating in all OFJCC activities. The OFJCC does not provide any accident or health coverage for its members or guests.

Minors

The OFJCC cannot accept any responsibility for minors (children under the age of 18) except when they are under the supervision of an appropriate employee. Parents/guardians will be responsible for notifying staff of a child's absence, late arrival, early or late pick-up and any special circumstance.

For the protection of participants under the age of 18, the OFJCC has adopted a sign-in/out policy for all classes held by the OFJCC. Minor children must be picked up by an adult after class or the teacher must be presented with a form authorizing the child's right to sign him/herself out of class. If your child signs him/herself out of class, he/she must be able to provide his/her own transportation home from class.

Photographs

The OFJCC may use photographs of participants for publicity purposes.

CONSENT & RELEASE

As the parent, agency/representative, or legal guardian, I hereby give consent for the OFJCC to provide all emergency medical/dental care prescribed by a duly licensed physician or dentist for my child/relative under whatever conditions are necessary to preserve the life, limb or well-being. By participating in OFJCC activities and programs, I agree to assume the risk of such activities and programs and further agree to release and hold harmless the OFJCC and its staff members from any and all claims, suits, losses or related injury or death, accident or otherwise, during or arising in any way from the activities or programs of the OFJCC.

I acknowledge and agree that this general release of liability of the OFJCC is binding upon me personally as well as in my capacity of the parent or guardian of my child and on my heirs, personal representatives, successors and assigns.

In consideration of participation in this program, I hereby indemnify, hold harmless and release the OFJCC, its agents, its employees and its volunteers from any and all liability for injury suffered by myself or my child arising from or connected with this program. I assume all risk for any injuries. I have read and agree to the special considerations noted above.

Participant Name (please print)

Date

Parent/Guardian Name (if applicable)

Signature of Participant or Parent/Legal Guardian

FOR OFFICE USE ONLY

Date Received

Receipt Number

Date Entered into System

By