



Thank you for completing both sides of the form. One registrant per form; this form may be duplicated.

Check: Member Non-member (Please send membership information)

REGISTRANT INFORMATION

Last Name _____ First Name _____
 Phone Number _____ E-mail Address _____
 Date of Birth ____/____/____ Grade _____ School Attending _____

Please note:

- All children in grade 6 and below must be picked up immediately following his or her registered program(s). Children must be under adult supervision at all times.
- Charles E. Smith Jewish Day School and Melvin J. Berman Hebrew Academy students are entitled to receive JCCGW member rates for all classes.
- Members of Yiddish of Greater Washington and Congregations B'nai Israel, Shaare Torah, Kol Shalom, Washington Hebrew, Beth Ami, Tikvat Israel, Beth El, B'nai Tzedek and Ohr Kodosh are entitled to receive the JCCGW member rate for Hebrew & Yiddish classes.

| Class Code | Start Date | Program Description | Fee |
|------------|------------|---------------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

NOTES: (Include special instructions.)

PRIMARY MEMBER INFORMATION - PLEASE PRINT

Last Name _____ First Name _____ Date of Birth _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 E-mail Address _____
 Address _____ City _____ State _____ Zip _____
 Have you moved in the last 2 years? Yes No (Info used to reduce duplication of records)
 If yes, previous address _____

Emergency Contact Information - REQUIRED

If program participant is under 18, two emergency contacts must be included. If over 18, please provide one emergency contact.

Emergency Contact #1

Name _____ Home Phone _____
 Cell Phone _____ Work Phone _____

I would like to help support the JCCGW. Make a tax-deductible gift now.

Total Fees \$ _____
 Donation \$ _____
 Total Payment \$ _____

FULL PAYMENT REQUIRED

Acceptance of payment does not guarantee class enrollment

A check made payable to the JCCGW is enclosed Please charge my credit card Visa Mastercard AmEx Discover
 Card No. _____ Exp. Date _____
 Name on Card _____ Signature _____

PROGRAM REGISTRATION AGREEMENT

I understand that participation in JCCGW classes may involve physical or other activity that could result in injury. I (or my registered child) use the JCCGW at my own risk and hereby, for myself, my heirs, executors and administrators waive any and all rights and claims of any kind that I may have against the JCCGW as well as with employees, invitees, and agents of the aforesaid for any and all damages, and injuries, whatsoever, which I (or my registered child) may suffer or incur in connection with my attendance, participation, or membership in the JCCGW or in connection with my use of the facilities or programs of the JCCGW. I agree to maintain an "emergency contact card" on file for my registered child at the JCCGW. I Also give permission for treatment of illness or injury sustained while participating in a JCCGW program or class.

If registering for a minor child, Parent/Guardian name: _____

I am the below-named child's legal guardian and am authorized to make this decision.

Participant name: _____ Date: _____

Signature (Parent/Guardian if participant is under 18): _____

Please be aware that photos of JCCGW program participants may be used in promotional materials, public relations efforts, and/or videos. Please e-mail Amanda Goldstein at agoldstein@jccgw.org if you wish to withhold your permission to use your image.

Please keep me informed about upcoming programs and events by:

_____ Printed newsletter

_____ E-mail

_____ Printed newsletter and e-mail