

**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 After School enrichment 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 Kodesh 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 email Treva Bustow at [tbustow@jccgw.org](mailto:tbustow@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