

# School's Out ... JCC Is In

**Monday, January 21, 2019**

9:00 a.m. - 4:00 p.m.

**Your children will enjoy a day of fun at the David Posnack JCC.**  
Game room • swim • arts & crafts • cooking • play sports • & so much more!

DPJCC members in after-school program	\$55 per day
DPJCC members not in after-school program	\$60 per day
Community	\$65 per day
8:00-9:00 a.m. (AM extended care)	\$5 per day
4:00-6:00 p.m. (PM extended care)	\$10 per day

**Minimum of 10 children is required. Registration deadline is Friday, January 18, 2019.**  
**Registrations received after January 18 (including walk-ins the day of) will be charged an additional \$10.**

**Please return form to Lisa Lundy. Questions? Call 954-434-0499, ext. 202.**

Send a bathing suit, towel, sunscreen and a brown bag, dairy, parve lunch.

## School's Out/JCC Is In Sign Up

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_/\_\_\_/\_\_\_ Child's Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Email Address: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

Allergies or Limitations: \_\_\_\_\_

Membership:  Member in after-school  Member not in after-school  Community

Select Dates:  January 21

Extended Care Option:  AM  PM  AM & PM  AM  PM  AM & PM

Payment Options (Circle One): Cash Check Credit Card

**(Payment MUST be made at time of registration. No credits or refunds will be issued.)**

Total: \$ \_\_\_\_\_

Credit Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Credit Card: \_\_\_\_\_

My child wishes to participate in Jewish Community Centers of South Broward County, Inc. (the "David Posnack JCC") activities. I understand that even when every reasonable precaution is taken, accidents may sometimes still happen. Therefore, in exchange for the David Posnack JCC allowing my child to participate in David Posnack JCC activities, I understand and expressly acknowledge that I release the David Posnack JCC, its staff members and affiliates from all liability for any injury loss or damage connected in any way whatsoever to participation in the David Posnack JCC activities whether on or off the David Posnack JCC's premises. I understand that this release includes any claims based on negligence, action or inaction of the David Posnack JCC, its staff, directors, affiliates, members and guests. I have read and am voluntarily agreeing to this permission for enrollment and release.

I hereby grant permission, without reservation, to the Jewish Community Centers of South Broward County, Inc. (David Posnack JCC) and those authorized by the David Posnack JCC to take photographic images, videos, recordings, DVDs, CDs of me and/or my child and to use them in original or modified formats in all media (including but not limited to newspapers, magazines, radio, television, DPJCC website, You Tube, Facebook or other social media, etc.) now or hereafter, with or without my or my child's name, for the promotion and/or fundraising activities of the David Posnack JCC.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date