



Giborim U Registration Spring 2019



Please complete both sides of this form. Registration is not complete until the registration and Giborim U participant information form are completed, signed and returned.

Participant Name: _____ New participant:
Y N

Address: _____

City/State/Zip: _____

Date of Birth: ____/____/____ Male Female JCC Member: Y N

How did you hear about GibU? _____

Parent 1 Name: _____

email: _____ Cell #: _____ Work #: _____

Parent 2 Name: _____

email: _____ Cell #: _____ Work #: _____

Participant resides with: Both parents Parent 1 Parent 2 Other/Guardian

Emergency contact name: _____ Phone: _____

Number of relatives residing in household (parents, grandparents, etc.): _____

Is participant a member of a temple? Yes No Unaffiliated

Name of temple: _____

Name on card: _____ Payment amount: _____

Credit card #: _____ Exp. date: _____ Billing Zip: _____

Cardholder Signature

Date

I hereby grant permission, without reservation, to the David Posnack JCC (DPJCC) and those authorized by the DPJCC to take photographic images, videos, recordings, DVDs, CDs and to use them in original or modified formats in all media now or hereafter, with or without name, for the promotion and/or fundraising activities of the David Posnack JCC. _____ **Yes** _____ **No**

I hereby give the participant permission to attend the David Posnack JCC Giborim U. I also give permission, should the need arise, for the DPJCC to obtain emergency medical services for the participant at a hospital or physician's office of the JCC's choosing.

_____ **Yes** _____ **No**

Liability Waiver

- It is understood and agreed that the DPJCC is not responsible for any damages or injuries suffered by the participant while participating in the DPJCC functions or activities.
- I/we understand and agree that any such participation by the participant is at my/our own risk.
- It is further understood and agreed that if I/we am/are not familiar with the operation of any equipment or machinery while at the DPJCC, I/we will seek instruction from DPJCC personnel before using such equipment or machinery.
- I/we agree that the DPJCC will not be responsible for losses or expenses incurred by me/us from accidents or injuries, which may result by reason of attending or participating in activities at the DPJCC, or any theft of my/our property in the DPJCC or surrounding areas.
- I/we hereby release the DPJCC and its employees, officers and directors from any loss, damage, injury or expense I/we may incur while on the DPJCC premises, including, without limitation, those resulting from the negligence of any person.
- The DPJCC reserves the right to restrict or to remove persons from DPJCC functions or activities or from its premises, when they deem same to be necessary or appropriate.
- The DPJCC reserves the right to refuse services to any family whose membership account is in arrears.
- The DPJCC reserves the right to cancel the transportation service of any student whose behavior or influence is deemed unsatisfactory and not in the best interest of the DPJCC's Giborim U program.
- The participant is in good health and physical condition, and I give permission for the participant to participate in all program activities in-house/on-campus and including off-campus field trips.
- I understand that there are no fee reductions or refunds for holiday, illnesses or emergency closings.
- I understand that the DPJCC is not responsible for any lost or stolen items, including electronic devices, brought to the DPJCC.

Signature of parent or guardian

Date



Giborim U Registration Course Selection- Spring 2019



Participant Name: _____

New Participant? Y N

Please select the class(es) the participant will be attending:

MONDAY	MBR/COMM FEE	TUESDAY	MBR/COMM FEE
<input type="checkbox"/> Life Skills 4:00 pm	\$110/\$135	<input type="checkbox"/> Boxing 4:00 pm	\$120/\$145
<input type="checkbox"/> Superhero Obstacle 4:00 p,m	\$110/\$135	<input type="checkbox"/> Swimming 4:30 pm	\$120/\$145
<input type="checkbox"/> Green Thumb Club 5:00 pm	FREE	<input type="checkbox"/> Functional Fitness 4:30 pm <small>(2-day/week class- Fee includes Thu. 4:30 class)</small>	\$275/\$300
<input type="checkbox"/> Hip Hop Dance Party 5:00pm	\$155/\$180	<input type="checkbox"/> Functional Fitness 5:30 pm <small>(2-day/week class- Fee includes Thu. 5:30 class)</small>	\$275/\$300
		<input type="checkbox"/> Ying Yang Yoga 5:00 pm	\$120/\$145
		<input type="checkbox"/> Transition to Adulthood 5:00 pm	\$120/\$145
WEDNESDAY	MBR/COMM FEE	THURSDAY	MBR/COMM FEE
<input type="checkbox"/> Basketball 2:55 pm	\$130/\$155	<input type="checkbox"/> Artsy-Craftsy 4:00 pm	\$130/\$155 + \$25
<input type="checkbox"/> Student Finance League 4:00 pm	\$65/\$85 + \$50	<input type="checkbox"/> Magic of Music 4:00 pm	\$130/\$155
<input type="checkbox"/> Cooking 4:00 pm	\$130/\$155 +\$25	<input type="checkbox"/> Swimming 4:30 pm	\$130/\$155
<input type="checkbox"/> Hip Hop Dance 5:00 pm	\$180/\$205	<input type="checkbox"/> Fun in the Kitchen 4:30 pm	\$130/\$155 + \$50
<input type="checkbox"/> Circuit Fitness 5:00 pm	FREE	<input type="checkbox"/> Strides 2 Health 5:00	FREE
<input type="checkbox"/> Family Yoga 5:10 pm	FREE	Functional Fitness 4:30 pm	Incl. in Tues. fee
		Functional Fitness 5:30 pm	Incl. in Tues. fee
		<input type="checkbox"/> Movie Club 6:00 ppm	\$130/\$155
FRIDAY	MBR/COMM FEE	SUNDAY	MBR/COMM FEE
<input type="checkbox"/> Karate 4:00 pm	\$120/\$145	<input type="checkbox"/> Basketball 10:10 am	\$85/\$110
<input type="checkbox"/> Spinning Your Imagination 4:00 pm	\$120/\$145	<input type="checkbox"/> Ying Yang Yoga 11:40 am	\$85/\$110
		<input type="checkbox"/> Sunday Funday 4:00 pm	\$85/\$110

*To register for Exceptional Theater Company,
call 954-699-4096.*

SUNDAY SOCIALS		FEE
<input type="checkbox"/> March 17	Garden Experience	\$25
<input type="checkbox"/> April 7	Art Museum	\$25
<input type="checkbox"/> April 28	Talent Show	FREE
<input type="checkbox"/> May 19	Museum of Discovery	\$25

Total: \$ _____