



GIBORIM REGISTRATION WINTER/SPRING 2021



Participant Name: _____

New Participant? Y N

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

- | | |
|--|---|
| <input type="checkbox"/> GIBORIM U
(in-person classes)
Member: \$48/mo/class
Community: \$56/mo/class
Select each class you will to attend | <input type="checkbox"/> GIBCONNECT
(virtual classes)
\$140/mo
<i>includes all virtual classes</i> |
|--|---|

MONDAY			Creative Kitchen 4:15-5:00pm
TUESDAY	<input type="checkbox"/> Ready, Set, Go+ 4:15-5:00pm		Ready, Set, Go+ 4:15-5:00pm Yoga 5:00-5:45pm
WEDNESDAY	<input type="checkbox"/> Basketball 3:00-3:45pm		
	<input type="checkbox"/> Hip Hop Dance 4:15-5:00pm		Hip Hop Dance 4:15-5:00pm
	<input type="checkbox"/> Golf* 5:15-6:00		
THURSDAY	<input type="checkbox"/> Artsy Craftsy 4:15-5:00pm		Karate 5:15-5:45pm
FRIDAY			Movie Makers 4:15-5:00pm

Receive a 10% discount on GibConnect for each Gib U class you register for.

*Golf instruction provided by First Tee

+Sponsored by Autism Speaks

TOTAL: \$ _____

12/29/20

A minimum of four participants are required for any class to take place.



Giborim Registration

Winter 2020 & Spring 2021



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. 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 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