



Registration Form

HIGH SCHOOL FALL WARM-UP

SEPTEMBER 13 - NOVEMBER 5, 2021 | \$300

Get a Head Start for the Upcoming Swim Team Season with a Fall Warm-Up at the Katz JCC.

WINTER SWIM TEAM

SEPTEMBER 9, 2021 - JANUARY 30, 2022

SHARK PUPS: \$475

LEVEL 1: \$515

LEVEL 2: \$550

LEVEL 3: \$600

LEVEL 4: \$600

LEVEL 5: \$600

Child(ren)'s Information:

Swimmer's Name: _____ D.O.B. _____

☐ High School Fall Warm-up - \$300 ☐ Winter Swim Team

Swimmer's Name: _____ D.O.B. _____

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Swimmer's Name: _____ D.O.B. _____

☐ High School Fall Warm-up - \$300 ☐ Winter Swim Team

Membership:

Is the participant(s) a Milton & Betty Katz JCC Member? ☐ Yes ☐ No

If No, please choose a Milton & Betty Katz JCC Membership:

Milton & Betty Katz JCC Membership is required to join the Swim Team.

☐ Swim Team JCC Membership - \$300/swimmer

☐ Family Snowbird Membership - \$650(discounted rate)

☐ Annual Family Membership - \$90/mo

Total Amount Due: _____ Payment Method: ☐ Single Payment ☐ Monthly Payment

Credit Card Number: _____ Exp. Date: _____ CVV: _____

Signature: _____ Date: _____ ☐ Keep my Credit Card on file

PLEASE MAKE CHECKS PAYABLE TO: MILTON & BETTY KATZ JCC

Emergency Contact Form

Please review, complete and return this form so that we may have the correct information needed in case of emergency. This information is required for the certification of all USA Swim Teams. The information given will not be shared and is confidential.

CONTACT INFORMATION

Child's Name: _____ D.O.B. (M/D/Y): _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

(#1) Parent Name _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

(#2) Parent Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

MEDICAL INFORMATION

Health Insurance Provider: _____ Policy/ID #: _____

Physician – *Name of physician to be contacted in an emergency*

Physician's Name: _____

Phone Number: _____ Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Medications – *list any medications your child is currently taking*

Medication 1: _____ Dosage Amount: _____ How Often: _____

Reason for Medication: _____

Medication 2: _____ Dosage Amount: _____ How Often: _____

Reason for Medication: _____

Special Medical Concerns – *List any special medical or dietary conditions that the staff should be aware of*

SECONDARY CONTACT INFORMATION

Emergency Contact – *Name of person to be contacted in the event a parent is not available*

Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

To the best of my knowledge, all the information provided is true and I have listed all warnings and restrictions. I believe my child is in good health, and able to participate in all activities, unless otherwise specified. The Milton & Betty Katz Jewish Community Center (Katz JCC) has my permission to: obtain proper medical treatment for my child in the event of a medical emergency; use photographs of my child in brochures and advertisements. I hereby indemnify and hold harmless the Katz JCC, its staff and volunteers from all losses, claims or actions that may arise from any act, omission, event or incident of any nature, occurring while my child is engaged in any reasonable and normal activity sponsored by the Katz JCC.

Parent/Legal Guardian Signature: _____ Date: _____