

JCC Swim Team Registration/Volunteer Form

DATE _____ CAMPUS: *CIRCLE ONE* UPTOWN METAIRIE BOTH
 ADULT MEMBER NAME _____
 ADDRESS _____ CITY _____ ZIP _____
 PHONE # HOME _____ WORK _____ CELL _____
 EMAIL ADDRESS _____

SWIMMER'S NAME	GENDER	AGE AS OF 6/1/2018	BIRTHDATE	AMT PAID
				\$
				\$
				\$
				\$
TOTAL AMOUNT DUE				\$

Volunteer Information

Parents of swimmers, or their designated representative, are expected to assist in some capacity during at least one dual meet per season. This assistance is crucial to the swim meet process.

VOLUNTEER NAME	MEET DATE <i>CIRCLE ONE</i>	SHIFT <i>CIRCLE ONE</i> <i>SHIFTS ARE 1.5 HOURS EACH</i>	TASK <i>CIRCLE TWO</i>
	MAY 29 JUNE 5 JUNE 12 JUNE 19	1 2	TIMER \ RIBBON WRITER \ SCORE KEEPER
	MAY 29 JUNE 5 JUNE 12 JUNE 19	1 2	TIMER \ RIBBON WRITER \ SCORE KEEPER

Payment is required for registration. Spots cannot be held without payment. Please call to confirm receipt of registration forms that have been mailed or faxed.

METHOD OF PAYMENT (CHECK ONE) CASH AMEX VISA MC CHECK (No _____)
 CARD No _____ EXPIRATION DATE _____
 PRINT NAME AS IT APPEARS ON CARD _____ SIGNATURE _____

Please read class policy carefully before signing below

JCC Membership is required for Swim Team participation. Unless otherwise stated, all materials and supplies are provided by students. It is not possible to receive a refund after Swim Team has started.

Participation in JCC activities and use of any recreational facilities involves a risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the NEW ORLEANS JEWISH COMMUNITY CENTER, I/WE as an individual or as a parent or guardian of the participants named herein, assume all risks and hazards incidental to the activities, and release from responsibility and agree to indemnify, defend and hold harmless (including the payment of attorney's fees) the NEW ORLEANS JEWISH COMMUNITY CENTER, its officers, directors, independent contractors, volunteers and all employees for any illness, death or injury to me or my children or family members occurring during his/her/our participation in any activities or use of any recreational facilities at or conducted by the NEW ORLEANS JEWISH COMMUNITY CENTER.

SIGNATURE OF REGISTRANT OR GUARDIAN _____

FOR OFFICE USE ONLY: Staff _____ Date _____ Inv # _____



New Orleans JCC

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