



EMERGENCY CONTACT INFORMATION

(To be completed by a parent or guardian)

Name of TJCC Participant: _____ Age: _____
Date of Birth: _____ Grade: _____ Sex: _____
Home Address: _____ State: _____ Zip: _____
Home Phone: _____ E-mail address: _____
Names of Parents or Guardian(s): _____
Work Phone(s): 1) _____ 2) _____
Cell Phone/Beeper: 1) _____ 2) _____

In the event of an emergency and I cannot be contacted, please call:

Name: _____
Relation: _____ Phone: (h) _____ (w) _____

Doctor's Name: _____ Phone: _____
Insurance Company: _____
Policy Number: _____

List any allergy or medical conditions of which we should be aware, and any medication taken:

List any dietary restrictions: (vegetarian, lactose intolerant, kosher, diabetic, etc.)

I give permission for my son/daughter _____ to attend the event/s she/he has registered for, and certify that my child is capable of participating in these activities. I understand that for some of programs (as indicated in program descriptions) I am giving the JCC permission to take my child on a bus, in a rental car, or in a JCC van. The JCC cannot assume responsibility or liability for accidents or loss occurring on these trips or at any JCC event. I also acknowledge that if my child is of driving age and drives to or from a JCC event, that the JCC cannot assume responsibility or liability for accidents or loss connected to this chosen mode of transportation. The JCC recommends that parents drive children home from any late night activities and pick up in the morning from any sleepover activities. In the event of an emergency where I (or my emergency contact) cannot be reached, I authorize the JCC to secure medical treatment for my child.

I give permission to use any and all written comments, pictures, video and/or movies in which my child may appear for publicity, promotion, and advertising on behalf of the Jewish Community Centers of Greater Boston.

Parent or Guardians' Signature: _____ Date: _____