



1. My child _____ has my permission to participate in the JCC MetroWest Exploration Camp program activities. I understand that these programs include field trips off the premises.
2. If for any reason the registration for a particular program must be canceled, the center must be advised in writing, before the event, otherwise no refund will be given. No refund or adjustment will be given for absences.
3. In order for a staff member to administer medication to any child, a medical permission form must be received with the medication.
4. I understand that in case of emergency and I am unable to be contacted, I give permission to the JCC MetroWest to authorize any emergency action necessary to insure the safety of my child.
5. Participation in any JCC MetroWest activity and use of any recreational facilities involves risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the JCC MetroWest I/we, as an individual or guardian of the participants named herein, assume all risks and hazards incidental to the activities, and release from responsibility independent contractors, volunteers and all employees for any illness or injury to me or my children or family members occurring during his/her/our participation in any activities or use of any facilities at or conducted by the JCC MetroWest.

_____ JCC MEMBER _____ JCC NON MEMBER Membership # _____

Name of Participant _____

Address _____

City _____ Zip _____ School _____ Grade _____

Mother's Name _____ Father's Name _____

Mother's Home Phone () _____ Father's Home Phone () _____

Mother's Work Phone () _____ Father's Work Phone () _____

Mother's Email _____ Father's Email _____

Mother's Cell () _____ Father's Cell () _____

EMERGENCY CONTACT

Name _____ Relationship _____ Day Phone () _____

Doctor _____ Phone () _____

Allergies or medical needs _____

Please list the names of adults permitted to pick up your child(ren)

Name _____ Relationship _____

Name _____ Relationship _____

Registration Form Must Be Signed with Parent's or Guardian's Consent:

Signed (Parent or Guardian) _____

Date _____