



Family Last Name: _____

**REGISTRATION – PART 1
Current Member**

If you are a current member of the JCC, please provide your membership number here: _____

Swimmer's Name	Practice Group	Program Fee	Discount	Amount Due After Discount
1	Highest Level	\$	None	\$
2	2 nd Highest Level	\$	- 10%	\$
3	3 rd Highest Level	\$	- 20%	\$

Total non-refundable fees payable by cash, check, or charge to: Jewish Community Center: \$ _____

Single Swimmer Payment: Fees Due In Full by April 12 or at swimmer's first practice
 Multiple Swimmers Payment: In full, or 50% of fees due April 12 and remaining balance due May 7

If you would like to pay in full at the front desk of the JCC, please obtain 2 receipts and attach one copy to your registration and retain the other for your records. Or, if you wish to pay in full and have funds deducted electronically, you will need to complete Registration-Part 4 and submit it with your registration materials. Families with multiple swimmers who opt to pay in two installments, MUST complete Registration-Part 4 and submit it with your registration materials.

REGISTRATION – PART 2

COMPLETE ONLY IF THERE ARE CHANGES TO THE INFORMATION THAT WAS PROVIDED FROM THE PREVIOUS SEASON

Family Last Name:			
Street Address:			
City/Zip Code:	Home Phone:	() -	
Mother's Name:	Mother's cell phone:	() -	
Employer	Mother's work phone:	() -	
Occupation:	Mother's address:		
Mother's Email Address:			
Father's Name:	Father's cell phone:	() -	
Employer:	Father's work phone:	() -	
Occupation:	Father's Address:		
Father's Email Address:			
Swimmer's Name	Date of Birth	Age	T-Shirt (Youth or Adult: S/M/L/XL)
1.			N/A for Spring
2.			N/A for Spring
3.			N/A for Spring
Entry Fee Account Deposit: (\$50 per competing swimmer)			\$
Total Non-refundable fees payable by cash or check to: Dynamo Swim Team			\$



Family Last Name: _____

**REGISTRATION – PART 3
MEDICAL RELEASE FORM**

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE BELOW LISTED ATHLETE(S) IS IN GOOD HEALTH AND HAS NO CONDITION WHICH WOULD IMPAIR PARTICIPATION IN THE PROGRAM. I HEREBY GIVE CONSENT FOR MY CHILD/CHILDREN TO ENGAGE IN ANY AND ALL TRAINING SESSIONS WITH DYNAMO SWIM TEAM, WHICH IS OWNED AND OPERATED BY THE JEWISH COMMUNITY CENTER (JCC), COLUMBUS, OHIO. IN CASE OF INJURY, I HEREBY GIVE DYNAMO SWIM TEAM, ITS COACHING STAFF, THE JCC AND ITS STAFF PERMISSION TO ACT ON MY BEHALF IN SEEKING MEDICAL TREATMENT FROM ANY LICENSED PHYSICIAN, HOSPITAL OR CLINIC FOR MY CHILD IN THE EVENT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO USING METHODS DEEMED NECESSARY. I HEREBY FOREVER RELEASE AND HOLD HARMLESS THE AFOREMENTIONED PARTIES FROM ANY AND ALL CLAIMS OF ANY KIND THAT I OR MY HEIRS, EXECUTORS OR ASSIGNS MAY HAVE OR CLAIM TO HAVE RESULTING IN ANY WAY FROM MY CHILD'S PARTICIPATION IN THE SWIM PROGRAM.

Printed Name of Parent or Guardian:	
Signature of Parent or Guardian:	Date:
Printed Name of Parent or Guardian:	
Signature of Parent or Guardian:	Date:
Participant Signature (If over age 18): 1.	2.

COMPLETE ONLY IF THERE ARE CHANGES TO THE INFORMATION THAT WAS PROVIDED FROM THE PREVIOUS SEASON

If parents or legal guardians are unavailable, please contact the person designated below:			
Contact #1:	Relationship:	Phone: ()	-
Contact #2:	Relationship:	Phone: ()	-
Additional comments regarding medical history, allergies, penicillin or drug reactions, etc. which may be useful in rendering medical treatment:			
Athlete 1. Name:		Date of Birth:	
Comments:			
Athlete 2. Name:		Date of Birth:	
Comments:			
Athlete 3. Name:		Date of Birth:	
Comments:			
DOCTOR:	Phone: ()	-	
DENTIST:	Phone: ()	-	
Parent or Legal Guardian Insurance Information			
Company Name:		Policy Number:	
Address:	City	State:	Zip:
Telephone:			
Parent or Legal Guardian Dental Insurance Information			
Company Name:		Policy Number:	
Address:	City	State:	Zip:
Telephone:			



Family Last Name: _____

REGISTRATION – PART 4

JCC of Greater Columbus Payment Authorization Spring Season 2010

Swimmer's Name / Practice Group	Fee Due (after discount, if applicable) Refer to Registration-Part 1
1	\$
2	\$
3	\$
Total Non-refundable Fee Due the JCC	\$

Payment Options:

- Payment in full via check*, electronic funds transfer (EFT)**, or credit card***

Or for families with multiple swimmers:

- Payment in 2 installments via automatic EFT**, or automatic charge to credit card***
 1. Upon Registration (50% of total program fee)
 2. 05/07/2010 (Remaining Balance)

*Checks should be made payable to 'JCC of Columbus' and submitted with this form.

**EFT (Attach Voided Check or Deposit Slip): Bank Routing Number: _____ Account Number: _____

***MC/Visa:/American Express (Circle appropriate card type):

Card Number: _____
 Expiration Date: _____
 Security Code: _____

I hereby authorize the JCC to utilize the above banking information to withdraw funds for program fees due at the specified times. I understand that a reminder notice will not be sent by Dynamo Swim Team or the JCC and that a \$35 fee will be charged for insufficient funds.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

Home Phone

Cell Phone

Jewish Community Center
 1125 College Ave
 Columbus, OH 43209
www.dynamoswimteam.org

