

**Jewish Community Center of Paramus**  
**CHAVERIM**  
Membership Form 2011-2012

JCCP Members **\$90** (\$75 if paid by October 1)  
Non-Members **\$100**  
Completely Fill In All Items Neatly

**Name:** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City, Zip Code** \_\_\_\_\_

**Class Year:**    3            4            5            **Date of Birth:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Parents names:** \_\_\_\_\_

**Parents E-mails** \_\_\_\_\_

**Parents Cell #'s:** \_\_\_\_\_

**Please Circle:**            **JCCP Member**            **Non-Member**

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**JCCP CHAVERIM Permission Slip**

\_\_\_\_\_ (name of parent) does hereby consent and agree to the participation of my son/daughter \_\_\_\_\_ (name of child) in all activities of the JCCP Chaverim Programs.

I agree to waive all rights and claims against the JCC of Paramus and their agents and employees which may arise out of my son/daughter's participation in Chaverim events. I understand that my son/daughter's participation may involve transportation in private vehicles to which I consent. I understand and agree that JCCP has no liability if my child travels to an event in any vehicle either provided by or not provided by JCCP Chaverim Youth.

I certify that my son/daughter is in good physical condition, and that my son/daughter has no medical or physical condition that would restrict their participation in any Youth programs.

In case of a medical emergency, accident or health problem where immediate treatment is deemed necessary every effort will be made to contact the parent(s) or guardian of the child. In the event they cannot be reached, I hereby give permission to a physician selected by the youth program, its employees, advisors or agents, to hospitalize, secure proper and ongoing treatment and to order injections, anesthesia or surgery for my child as named above. I am aware that this form may be photocopied for use by medical caregivers.

I have read this agreement and understand its purpose and agree to its terms.

\_\_\_\_\_  
Parent's signature and phone #

\_\_\_\_\_  
Emergency contact person and phone #

\_\_\_\_\_  
Name and phone # of child's physician

\_\_\_\_\_  
Allergies, chronic illnesses, other conditions

This membership form must be filled out completely and returned with full payment before you will be allowed to attend any events. Send applications to: Jewish Community Center of Paramus, E. 304 Midland Avenue, Paramus, NJ 07652