

Lawrence Family Jewish Community Center, JACOBS FAMILY CAMPUS
Qualcomm Sports, Fitness & Aquatics Complex

BE A PART OF IT!

Babysitting!

Take advantage of the luxury of having a responsible and fun JCC Staff member watch your child while you workout!

Babysitting is available Tuesday through Sunday,
excluding Fridays and Saturdays;
9:15 am to 12:15 pm Tuesday through Thursday and
8:30 am to 12:30 pm on Sundays.

Fee: \$7/JCC members and \$8.50/Non-members.
Or you can purchase a Babysitting Card;
\$80/JCC Members, \$90/Non-member,
this card will valid for 12 hours of service.

The babysitting room is for children ages 3 months to 6 years old. While your child is in the babysitting room, parents must remain on JCC property. If your child is sick in any way, this includes fever or symptoms of the cold or flu, babysitting will not be available until your child is healthy.

Babysitting Registration Form

Please detach and return with payment to: Lawrence Family Jewish Community Center, JACOBS FAMILY CAMPUS
4126 Executive Drive La Jolla, CA 92037-1348 Attention: Sports & Fitness; Make checks payable to: Lawrence Family JCC

Mother's Name _____ Father's Name _____

Child's Name _____ Child's Age _____

Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____

E-Mail _____ JCC Member Yes No

Payment Method Check # _____ *VISA *Mastercard Amount Enclosed \$ _____ Receipt # _____

Card# _____ Exp. Date _____

Parent's Signature _____

*A 3% handling fee will be added to all credit card transactions over \$100 processed by the JCC.

Waiver: Participation in any activity and use of any recreational facility involves a risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the Lawrence Family Jewish Community Center, JACOBS FAMILY CAMPUS, I/we as an individual or as a parent or guardian of the participants named herein, assume all risk and hazards incidental to the activity, and release from responsibility and agree to indemnify and hold harmless the JCC, its officers, directors, 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 activity or use of a recreational facility at or conducted by the JCC.

Parent's Signature _____ Date _____

Emergency Contact _____ Phone _____

