

Club J 2010-2011 Permission Slip



Participant's Name _____
Parent(A) _____
Phone(H) _____ (Cell Phone) _____
(Emergency #) _____ (E-mail) _____
City _____ Zip _____

Participant's E-mail _____
Parent(B) _____
Phone(H) _____ (Cell Phone) _____
(Emergency #) _____ (E-mail) _____
City _____ Zip _____

JCC member? Yes No

Would you like membership information? Yes No

Child lives with? Parent A Parent B Both Other

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

Payment Method: Check * VISA * MasterCard * DISCOVER

_____ Exp _____ Signature _____

Emergency Procedures

In case of an emergency, the following person can be contacted (relationship other than parent):

_____ Name _____ Home Phone _____ Cell Phone _____

Names of persons to whom child(ren) can be released:

Parent's Medical Authorization

In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Teen Director to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for my child(ren) as named above.

_____ Date _____ Signature of Parent/Guardian _____

Special Medical Concerns

Name of Insurance Provider _____ Policy # _____

Name of Policy Holder _____

Club J Code of Conduct

(THIS SIGNED DOCUMENT IS REQUIRED FOR ADMITTANCE)

By signing below, my parent and I certify the following:

I am currently a high school student.

I will be dressed appropriately.

I will be courteous and respectful to my peers, the staff, chaperones, and the LFJCC property.

I understand that there is a **ZERO TOLERANCE POLICY** regarding **drugs, alcohol, tobacco, and weapons** and that I may be breathalized when attending Club J events.

No re-entry to the Club J dance is allowed without prior approval of JCC staff.

I also understand that if I am suspected of using or possessing any of the above items or substances, my parents will be notified and I will be referred to the proper authorities.

_____ Parent's Signature _____ Participant's Signature _____ Date _____