



Family Last Name: _____

REGISTRATION – PART I

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	\$	- 10%	\$

Total non-refundable fees payable to: Jewish Community Center: \$ _____

Payment is due in full at your child's first practice, **OR** complete the JCC Payment Authorization Form included with this application and 50% will be due at your child's first practice and the remainder will be deducted on May 9, 2011.

COMPLETE BELOW ONLY IF CHANGES FROM PREVIOUS SEASON

Father or Guardian

Mother or Guardian

	Name	
	Address	
	City, Zip Code	
	Home Phone	
	Cell Phone	
	Work Phone	
	Email Address	

If parents are unavailable, please contact the person designated below:

Contact:	Relationship:	Phone: () -
Additional comments regarding medical history: medication, allergies, drug reactions, etc. which may be useful in rendering medical treatment:		
Athlete 1. Name:		
Comments:		
Athlete 2. Name:		
Comments:		
Athlete 3. Name:		
Comments:		
DOCTOR:	Phone: () -	
Insurance Information	Policy Holder's Name:	
Company Name:	Policy Number:	
Address:	City	State: Zip:
Telephone:		



Family Last Name: _____

JCC of Greater Columbus
Payment Authorization

Swimmer's Name / Practice Group	Fee Due (after discount, if applicable)
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. 05-09-2011 (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

