

**Please provide the following information for the head of household, and list the names and dates of birth for all other participants. Parents/guardians who are not attending must complete and sign a form for their child(ren) if they are minors.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

**Other Participants:** *If you have more than four additional participants, please list them on the back.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Participation Release**

I understand that participation in Jewish Community Alliance of Southern Maine (JCA) activities and use of any recreational facilities involves a risk of injury despite all safety precautions. I as an individual or as a parent/guardian agree to indemnify and hold the Jewish Community Alliance of Southern Maine, its officers/directors/independent contractors, volunteers and employees, regardless of fault, harmless for any and all liability claims, costs or attorney's fees, or for any illness or injury to me, my children, and/or family members listed above occurring during participation in any activities or trips conducted at/by the JCA, and/or during the use of JCA facilities or JCA properties and/or from any act or omission of any guest, participant, visitor or other person using the facilities or participating in any activity or event. In the event of an emergency, I give permission to the JCA to secure proper medical treatment for any of the above individuals. I will be responsible for all costs of such treatment and agree to indemnify and reimburse the JCA for any costs extended for such treatment. Any medical or physical conditions that would impair my participation in JCA activities and programs are outlined below. It is my responsibility to update this information with the JCA.

The Jewish Community Alliance of Southern Maine has software that enables staff to screen for individuals on the national and local sex offender registries. Persons discovered to be on a sex offender registry will be barred from the JCA. This includes but is not limited to membership, program participation, facility access, volunteer and employment opportunities.

**Please list any allergies or medical/physical conditions (e.g., seizures, heart conditions):** \_\_\_\_\_  
\_\_\_\_\_

**I agree to abide to the rules and by-laws of the Jewish Community Alliance of Southern Maine as outlined above.**

Head of household signature: \_\_\_\_\_ Date: \_\_\_\_\_

If minor is attending, parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_