

PORTLAND JEWISH ACADEMY

6651 SW Capitol Highway, Portland, OR 97219 P: 503.244.0126 F: 503.452.7001 www.pjaproud.org

SUMMER DISCOVERY PROGRAM REGISTRATION FORM 2022

GENERAL INFORMATION

Applicant's name: _____ Date of Birth: _____

Current Age: _____ Grade Entering in Fall: _____ School Attending Now: _____

T-shirt Size: Youth XSmall Youth Small Youth Medium Youth Large Youth XLarge Adult Small Adult Medium Adult Large



I am a Dragon Team member.

Parent 1 Name: _____ E-mail: _____

Address: _____ City: _____ ST: _____ Zip: _____

Home Telephone: _____ Cell/Work Telephone: _____

Parent 2 Name: _____ E-mail: _____

Address: _____ City: _____ ST: _____ Zip: _____

Home Telephone: _____ Cell/Work Telephone: _____

How did you hear about us? PJA Brochure Friend PJA Web Site Other Internet Site Advertisement _____

MEDICAL INFORMATION

Physician's Name: _____ Telephone: _____ Hospital Preference: _____

Do you have medical Insurance? Yes No Insurance Company: _____ Policy Number: _____

Please list any special medication conditions of which the school should be aware. (Include treatment for ADD, ADHD, or other.)

Emergency Contact: _____ Home Phone: _____ Cell/Work Phone: _____

Authorized Adults for Pick-up: _____

WAIVER (please initial below and sign)

_____ In the event that my child needs medical attention, I authorize the school and give my consent to the school to provide such service and/or to transport my child to a hospital or treatment facility. I hereby certify that my child is in good health and may participate in all activities.

_____ I give permission to Portland Jewish Academy (PJA) to use images of my child in promotional materials related to PJA and PJA Summer Discovery. This includes, but is not limited to, PJA materials both printed and electronic, PJA Summer Discovery and Portland Jewish Academy Facebook pages, and third party materials as it relates to the promotion of PJA and PJA Summer Discovery. I understand that my child's name will not be used in conjunction with their photo unless separate permission has been requested nor will my name as parent/guardian be tagged or identified by PJA in the materials.

_____ I give my permission for my child to ride in school-approved transportation to program activities. I agree to abide by school policies as set out on www.pjaproud.org

Parent/Guardian Signature: _____ Date: _____

Week	Class	Age Group	FEE
Week 1: July 5 - 8, 2022			
Week 2: July 11 - 15, 2022			
Week 3: July 18 - 22, 2022			
Week 4: July 25 - 29, 2022			
Add-ons: Pre-Care (Ages 4+) and After-Care (Ages 5+). Please select week(s) of care in middle column.			
Pre-Care (\$35/week)	<input type="checkbox"/> Week 1 (July 5-8) <input type="checkbox"/> Week 2 (July 11-15) <input type="checkbox"/> Week 3 (July 18-22) <input type="checkbox"/> Week 4 (July 25-29)		
After-Care (\$250/week)	<input type="checkbox"/> Week 1 (July 5-8) <input type="checkbox"/> Week 2 (July 11-15) <input type="checkbox"/> Week 3 (July 18-22) <input type="checkbox"/> Week 4 (July 25-29)		
A 5% discount on the cost of your classes will be applied through March 31, 2022. Excludes Play-Well LEGO classes.		March 5% Discount	
		Non-refundable Fee	\$15
		Total Due	

TERMS AND CONDITIONS

Please initial beside each paragraph to acknowledge that you have read and accept the conditions.

_____ The personal information above is correct and complete as far as I know, and the person herein described has permission to engage in all PJA program activities except as noted. I hereby give permission to Portland Jewish Academy to provide routine health care, administer prescribed medications, and seek medical treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to PJA to arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by PJA to secure and administer treatment, including hospitalization, for the student named above.

Use of any recreational facility and participation in any activity involves a risk of accidental injury despite all safety precautions. I/we have been informed of the activities to be conducted by the Portland Jewish Academy. I/we, as an individual or as a parent or guardian of the student named herein, assume all risks and hazards incidental to the activities, and release from responsibility and all liability, claims, costs, and damages including attorney fees and costs. I/we further agree to indemnify and hold harmless the Mittleman Jewish Community Center and Portland Jewish Academy, their officers, directors, independent contractors, volunteers, and all employees for any illness, injury or damage to me or my children, or my family members occurring during the use of any recreational facility or the participation in any activities conducted by the MJCC, MJCC Day Camp, or Portland Jewish Academy. Portland Jewish Academy reserves the right to cancel any activity based on insufficient enrollment. In the event that a program is canceled by PJA, all fees will be refunded within 30 days.

By signing my name below, I acknowledge that I have read, understand, and accept the above information as well as the additional policies outlined in the Terms and Conditions.

Signature _____ Date _____

PAYMENT INFORMATION

Method of Payment: Check Cash Credit

Credit Card #: _____ CVC/CVV number (on back of card): _____

Type: MC VISA Expiration: _____

Signature _____ Date _____