Jewish Community Center of Greater Columbus
1125 College Avenue Columbus, OH 43209 (614)231-2731

2016-2017 Permission Form

Only one form per family is necessary:

Child's Name: _____ Grade: _____
Last First Middle

Child's Name: _____ Grade: _____
Last First Middle

Please initial each line upon reading permission policies.

I give my permission for my child(ren) to travel with the JCC in an authorized JCC vehicle.
_____

In the event of an emergency I give the JCC, its employees and authorized agents' permission to transport my child to the appropriate medical facility and to obtain all necessary and reasonable medical care.
_____

Participation in any JCC activities and use of any recreational activities involves a risk of accidental injuries despite all safety precautions. I, as a parent or guardian of the participant(s) named above, assume all risk of hazards incidental to the activities 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, my children or family member occurring during his/her/our participation in any activities associated or conducted in or by the JCC programs.
_____

I give permission for my child to be photographed, allow the JCC to use the photos for publicity purposes, and for my child's name to be included in a Kaleidoscope roster.

☐ I decline photo permission ☐ I decline inclusion in the roster
☐ My child(ren) is a swimmer ☐My child(ren) is a non-swimmer

Other than you please list the names of people authorized to pick your child up from Kaleidoscope. Kaleidoscope staff will not be allowed to release your child to anyone, including those on this list without verbal or written permission.
_____
_____
_____

Parent signature: _____ Date: _____