

## Chai Five Mitzvah Club

### Chabad Center of Kendall/Pinecrest

Name of child: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_

School: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Other children living at home (Names and ages)

1. \_\_\_\_\_ Age: \_\_\_\_\_

2. \_\_\_\_\_ Age: \_\_\_\_\_

3. \_\_\_\_\_ Age: \_\_\_\_\_

Are there any medical conditions or pertinent information regarding your child, which we should be aware of?

\_\_\_\_\_

\_\_\_\_\_

Cost: \$125 Annual membership/ \$110 Hebrew School students

Paying by: \_\_\_\_\_ Check

\_\_\_\_\_ Credit Card: Amex    Master card    Other: \_\_\_\_\_

Name on card: \_\_\_\_\_ CC# \_\_\_\_\_

Expiration: \_\_\_\_\_ CVSS: \_\_\_\_\_

#### Trip waiver:

I hereby permit my child \_\_\_\_\_ to participate in the Chai Five Mitzvah Club field trips. I understand that Chabad Center of Kendall/Pinecrest (including without limitation, any of its directors, teachers, employees or agents, and including any volunteer such as a parent) shall not be liable to any party for any injury or damage, whether from acts of negligence or otherwise, in any way attributable to or in connection with such activities and field trips.

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_