



JCC MACCABI GAMES

JCCGW Delegation 2014 Tryout Registration

For Teens ages 13-16 as of July 31, 2014



JCC Maccabi Games tryout schedule can be found online at www.iccgw.org

Applicant Name _____ Birth date _____

School _____ Grade _____

Address _____ City _____ Zip _____

Home phone _____ Email* _____

T-shirt size (adult sizes) Small Medium Large X-Large

Parent 1 _____ Email* _____

Address (if different than above) _____ City _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

Occupation _____

Parent 2 _____ Email* _____

Address (if different than above) _____ City _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

**At least one email address is required per family.*

Are you a member of the JCCGW? Yes No
 Do you participate in JCCGW Programs? Yes No Please list: _____
 Do you belong to a synagogue? Yes No Synagogue name: _____

I WILL BE AUDITIONING OR TRYING OUT IN THE FOLLOWING AREAS:

List order of preference by number, with 1 being first preference (we suggest choosing more than one).

JCCGW Teams

____ U16 Baseball ____ U16 Inline Hockey
 ____ U16 Boys' Basketball ____ U16 Boys' Soccer
 ____ U16 Girls' Basketball ____ U16 Girls' Soccer
 ____ U14 Boys' Basketball

Individual Sports

____ Dance
 ____ Tennis
 ____ Swimming
 ____ Track & Field

REGISTRATION REQUIRED

Try-out fee: \$18.00*

Internal Code: 12646

Enclosed is a check made out to the JCCGW for \$ _____
 Please charge my credit card number _____ Exp. date _____

Name as it appears on card _____

Visa MasterCard AMEX Signature _____

**Please note: Only one tryout registration form & fee is required for all tryouts.*

Form continued on reverse side





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PROGRAM AGREEMENT

I acknowledge and understand that within two (2) weeks of being selected to the team, a deposit of \$1,000 is due to the JCCGW along with registration paperwork. This deposit will hold my child's place on the team. In the event that he/she does not participate, this will cover any losses incurred and therefore only a portion may be refunded. Remaining balances are due by May 1, 2014.

I understand that participation in the JCC Maccabi Games tryouts may involve physical or other activity that could result in injury. I understand my child will participate in the JCCGW Maccabi Games program at my own risk and hereby, for myself, my heirs, executors and administrators waive any and all rights and claims of any kind that I may have against the JCCGW as well as with employees, invitees, and agents of the aforesaid for any and all damages, and injuries, whatsoever, which I (or my registered child) may suffer or incur in connection with my attendance and participation in the JCCGW or in connection with my use of the facilities or programs of the JCCGW. I also give permission for treatment of illness or injury sustained while participating in a JCCGW program or classes.

Parent/Guardian Name: _____

Participant Name: _____ Date: _____

Parent/Guardian Signature: _____

FORM CAN BE BROUGHT TO TRYOUT OR RETURNED WITH PAYMENT TO:

JCCGW 6125 Montrose Road • Rockville, MD 2085, fax to: 301.881.5512, Attn: JCC Maccabi Games or scan to games@jccgw.org

For more information contact:

Caroline Cardullo at ccardullo@jccgw.org or Sarah Catanzaro at scatanzaro@jccgw.org