



JCC Jr. Mid-Atlantic Games

JCCGW Delegation 2014 Tryout Registration

For athletes ages 10-12 as of May 1, 2014



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 _____

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 TRYING OUT IN THE FOLLOWING Sports:

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

JCCGW Teams

____ U12 Boys' Basketball ____ U12 Boys' Soccer
 ____ U12 Girls' Basketball ____ U12 Girls' Soccer
 ____ U12 Boy's Baseball

Individual Sports

____ Tennis
 ____ Swimming

ADVANCE REGISTRATION REQUIRED

Internal Code: 12646

Try-out fee: \$18.00*

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





JCC Jr. Mid-Atlantic Games
JCCGW Delegation 2014 Tryout Registration
For athletes ages 10-12 as of May 1, 2014



PROGRAM AGREEMENT

I understand that participation in the JCCGW Jr. Mid-Atlantic Games Tryouts may involve physical or other activity that could result in injury. I understand my child will participate in the JCCGW Mid-Atlantic 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: _____

PLEASE COMPLETE THIS FORM AND RETURN WITH PAYMENT TO:

JCCGW 6125 Montrose Road • Rockville, MD 20852 or fax to: 301.881.5512, Attn: JCC Maccabi Games

For more information contact:

Caroline Cardullo at ccardullo@jccgw.org or Billy Woodward at wwoodward@jccgw.org
