



**2017 JCC Maccabi Games®
Participant Information/Waiver**

ALL FIELDS REQUIRED

GENERAL MEDICAL INFORMATION

Immunizations: German Measles/Rubella Measles Mumps Polio Chicken Pox Date of last Tetanus vaccine: _____

Do you take any medications on a daily basis? Yes No

If so, please list meds: _____

List any operations or serious injuries in the past year: _____

Do you have any medical conditions or special medical needs? _____

USE ADDITIONAL SHEET IF NEEDED.

List any allergies: Pets: _____ Insect Stings: _____

Food: _____ Penicillin or other Drugs: _____

INSURANCE INFORMATION

Policy Holder Name: _____ Policy Group Number: _____

Insurance Carrier Name: _____ Insurance Carrier Phone: _____

DOCTOR INFORMATION

Physician Name: _____ Office Number: _____

Dentist Name: _____ Office Number: _____

PARTICIPATION WAIVER

I, the undersigned, understand that participation in the JCC Maccabi Games® and activities involves a risk of accidental injury despite all safety precautions. Therefore, as a parent and/or guardian, I will assume all risks (injury or illness) for my child, family members and myself that may occur during participation in any activities or use of facilities as part of the JCC Maccabi Games®. In case of sudden injury or illness, I hereby give authority to any hospital or doctor to render immediate aid as may be required at the time for my children, family members or my own health and safety. I understand medical/dental expenses are my responsibility. I authorize photographs and video to be taken and used exclusively by the JCC in JCC publications and internet mediums.

By signing this form, I acknowledge that I am aware of the potential risks of participating in activities and/or programs at the JCC, and agree to in no way hold the management, agent or employees of the JCC liable for any injury that my children, my family members or I may sustain. **I have read and understand the above statement.**

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Participant Name (please print): _____

Participant Signature: _____ Date: _____



2017 JCC Maccabi Games® • Miami, FL • August 6-11

Registration Form



Please return application and copy of proof of medical insurance to
JCC of San Antonio ATTN: Devin Billstein
12500 NW Military Hwy., Ste. 275 • San Antonio, Texas 78231
or fax to (210) 408-2341

Barshop Jewish Community Center of San Antonio • JCC Maccabi Games®
2017 TEAM SAN ANTONIO PARTICIPANT REGISTRATION FORM • ALL FIELDS REQUIRED

PARTICIPANT INFORMATION

Athlete Name: _____
 Athlete Cell Phone: _____ Home Phone: _____ Email: _____
 Gender: M F DOB: _____ School/Grade '16-'17: _____ Age on 7/31/17: _____
 Home Address: _____ Zip: _____

JEWISH AFFILIATION

Are you a member of the JCC? Yes No Did you have a Bar/Bat mitzvah? Yes No
 Name of synagogue/temple: _____ Hebrew name: _____
 List any youth group memberships: _____
 Languages you speak other than English: _____

PARTICIPATION INFORMATION

Please rank your 1st, 2nd & 3rd choice of participation (must include at least one individual sport). Subject to change depending on Games® location.

INDIVIDUAL SPORTS (BOYS & GIRLS)

- Swimming Tennis
 Dance Table Tennis

TEAM SPORTS Each sport is subject to tryouts.

- Boys Baseball Girls Volleyball
 Boys Soccer Girls Basketball
 Boys Basketball

HOUSING INFORMATION

Do you require a Kosher home? Yes No Are you a vegetarian? Yes No
 Would you like to request that someone be housed with you?
 No Yes Name: _____

ADULT SIZES

Men T-Shirt Size
 Women

UNIFORM INFORMATION (IN ADULT SIZES)

Jacket/Sweatshirt Size Uniform Top Size Uniform Short Size

PARENT & CONTACT INFORMATION

Guardian 1 First/Last Name: _____ Primary Phone: _____
 Cell Phone: _____ Work Phone: _____
 Email: _____
 Guardian 2 First/Last Name: _____ Primary Phone: _____
 Cell Phone: _____ Work Phone: _____
 Email: _____
 Emergency Contact First/Last Name: _____ Primary Phone: _____
 Cell Phone: _____ Work Phone: _____
 Email: _____

2017 JCC Maccabi Games® Fees

The fees for an athlete to attend the 2017 Games are: \$1200* JCC Member | \$1400* Community Member.

LATE FEES WILL APPLY IF ATTACHED PAPERWORK AND ONLINE REGISTRATION IS NOT COMPLETED BY THE DEADLINE.

All athletes must use the automatic monthly deduction authorization form below. All fees must be paid in full by Tuesday, August 1, 2017. *Includes airfare

Participant Authorization Form

PARTICIPANT AUTHORIZATION FORM

I (We) hereby authorize the Barshop Jewish Community Center of SA to charge my (our)
 MasterCard, VISA, Discover, American Express, Checking or Savings account indicated below for the following (please check the appropriate option(s):

Non refundable registration deposit of \$150 is included in the first payment.

- \$200 for first month, then \$250 for 4 months JCC Members
 \$400 for first month, then \$250 for 4 months Community Members

OR

I will pay the JCC Maccabi Games® fees for JCC members in full: \$1200

OR

I will pay the JCC Maccabi Games® fees for Community Members in full: \$1400

Card # _____ Exp. _____ CVV Code _____

Signature _____ Date _____

Print Name: _____

You may choose to have the fees drafted directly from your bank account. If so, please attach a voided check or deposit slip that shows your account number and routing number.

Late Fees will apply if paperwork and online registration are not completed by the deadlines (Due by April 3) Late fee of \$125 will be assessed

- ONLINE REGISTRATION with attached picture for credential
- CONFIRMATION KITS

(Signature page, either copy of birth certificate or passport and proof of medical insurance.)

(Due by June 2) Late fee of \$100 will be assessed

- OFFICIAL JCC MACCABI GAMES® MEDICAL FORM
- (Must be signed by Doctor)**

You must complete the Participant Information on the back of this page.