



Please complete, sign and
return this form and deposit to
Mary-Elizabeth St. Germain

For more information on the JCC Maccabi Games please email:
Betsy Bertuzzi bbertuzzi@springfieldjcc.org

Maccabi Games: Ages 13 – 16 (as of July 31)

Participant's Name _____ Gender: M F

Date of Birth _____ Age (as of July 31, 2020) _____ Grade (as of Fall 2020) _____

Home Phone Number _____ Participant's Cell Phone Number _____

E-mail _____

Address _____ City _____ State _____ Zip Code _____

School _____ Synagogue _____

Competitive Club or School Team _____

Jewish Youth Group _____

Parent/Guardian (1) _____

Home Phone Number _____ Cell Phone Number _____

Work Phone _____ E-mail _____

Parent/Guardian (2) _____

Home Phone Number _____ Cell Phone Number _____

Work Phone _____ E-mail _____

Medical Insurance Information

Policy Holder Name: _____

Policy Holder's Birth Date: ____/____/____ and Social Security Number: ____/____/____

Insurance Carrier Name: _____

Insurance Carrier Phone Number: _____

Policy Group Number: _____

In Case of Emergency (if parent/guardian is not available):

Name _____ Relationship to Athlete _____

Home Phone Number _____ Cell Phone Number _____

Participant resides with? Parent 1 Parent 2 Both Parents Other (relationship) _____

PARENT AUTHORIZATION:

The undersigned Participant and Parent/Guardian in consideration of participating in the JCC Maccabi Experience Program, tryouts and subsequent practice sessions and activities, hereby agrees to indemnify and hold harmless the Springfield Jewish Community Center JCC Maccabi Experience Program, Committee and Coaches, and the Springfield Jewish Community Center, their agents, representatives, successors and assigns, and releases same from any and all liability for any injury or illness which may be suffered by the participant named herein arising out of, or in any way connected with, the participation in the Springfield Jewish Community Center JCC Maccabi Experience Program, and assume the risk of such injury or illness.

The undersigned participant gives permission to the JCC to use their name and photographs in brochures, website, newspaper, broadcasts, telecasts and any other form of communication or media.

PARTICIPANT'S SIGNATURE _____ DATE: _____

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

August 9 - 14, 2020 at Pace University in Pleasantville, NY

Please rank sports in order of preference (with preferred position/number) and include at least 1 individual sport:

(1 = 1st choice, 2 = 2nd choice, 3 = 3rd choice, 4 = 4th choice)

____ Boys 14U Baseball* ____ Boys 16U Baseball* ____ Boys/Girls 16U Ice Hockey*
____ Girls 16U Basketball* ____ Boys 14U Basketball* ____ Boys 16U Basketball*
____ Girls 16U Soccer* ____ Boys 14U Soccer* ____ Boys 16U Soccer*
____ Girls 16U Volleyball* ____ E-Sports Co-Ed

*Please indicate your preferred position and preferred number: _____

Sports are subject to change due to host community numbers

Individual Sports (Ages 13 - 16)

____ Chess ____ Dance ____ Swimming
____ Tennis ____ Table Tennis

Date: _____

Name: _____

Membership #: _____

Name of Maccabi Participant: _____



MACCABI PAYMENT INFORMATION: \$1,700 (J Member) and \$1,900 (General Public)

Payment #	Due Date	Amount Due	Payment Information
1	12/13/19	\$425* J Members \$475* General Public	Deposit will be charged upon enrollment. <i>NOTE: All deposits are non-refundable and non-transferable.</i>
2	2/14/20	\$425 J Members \$475 General Public	Payment will be taken by automatic draft to your credit card or checking account.
3	4/15/20	\$425 J Members \$475 General Public	Payment will be taken by automatic draft to your credit card or checking account.
4	6/15/20	\$425 J Members \$475 General Public	Payment will be taken by automatic draft to your credit card or checking account.

METHOD OF PAYMENT:

Credit Card – Please charge my payment on Visa Mastercard Discover American Express

Card # _____ Exp. Date _____

Check Account – Authorizes your bank to deduct your payment directly from your account.

Name(s) on account: _____ Type of account: Checking Savings

Name of Bank _____ Account #: _____

Address of Bank _____ Routing #: _____

Please attach a voided check to this agreement.

I authorize the Springfield Jewish Community Center to receive payments for my Maccabi fees. I understand that payments will be deducted automatically from my credit card or checking account listed on this form on the dates noted above. If my payment plan should not be honored for any reason, I understand and agree that I will be obligated to immediately pay for the balance of my fees, plus a \$15 service charge.

I authorize my bank (indicated above) to automatically deduct from my account.

Signature: _____ Full name: _____ Date: _____

(Please Print)