

# REGISTRATION CHECKLIST (please print, complete both pages and mail in)

## ☐ **ONLINE REGISTRATION:**

San Diego– <http://www.jccmaccabigames.org/registration-sandiego/>

Pace University: <http://www.jccmaccabigames.org/registration-campusgames/>

Please use CHROME, FIREFOX or IE 9.0+ as your web browser. Safari will not work properly. Returning participants can use the login and password previously used.

**\*\* REGISTRATION FEE CANNOT BE PAID ONLINE. SUBMIT PAYMENT BY MAIL WITH THIS FORM. \*\***

## ☐ **PAYMENT:** (please check one option below)

- VISA/MC/AmEx/Check
- Checks payable to Jewish Community Center

### **EARLY REGISTRATION - \$1700**

Online registration complete and paid in full by March 6, 2020. *Medical info on CampDoc is not due until June 1.* Payment cannot be made online.

### **REGISTRATION - \$1800**

Online registration neither complete nor paid in full by MARCH 1, 2020. Registration must be complete and paid in full by April 17, 2020 to avoid late fee. Payment cannot be made online.

### **PAYMENT PLAN - \$600**

Please contact Larry Silver at [lardan23@gmail.com](mailto:lardan23@gmail.com) to make arrangements. A deposit of \$600 to secure your spot must be received by MARCH 6 along with this packet. Payment cannot be made online.

### **APPLYING FOR SCHOLARSHIP - \$900**

\$900 deposit must accompany this packet to secure your spot. Please follow the directions on the scholarship link, available at [www.maccabidetroit.com/Scholarship.html](http://www.maccabidetroit.com/Scholarship.html). Early registration discount does not apply. Balance is due 10 days after scholarship award notification. Maximum award: \$900.

## ☐ **DETROIT PARTICIPATION AGREEMENT:**

In the event that I cannot be reached in an emergency, the undersigned parent or guardian gives permission to the physician selected by the JCC Maccabi Host Community to hospitalize, administer treatment or secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named on this document.

The undersigned athlete or artist and parent or guardian, in consideration of participation in the 2020 JCC Maccabi Games and ArtsFest agrees to indemnify and hold harmless the Jewish Community Center of Metropolitan Detroit, its representatives, successors and assigns and releases the 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 2020 JCC Maccabi Games and ArtsFest, and assume the risk of such injury or illness.

If for any reason the undersigned cancels, \$250 will be deducted from the refund. The undersigned must notify Detroit JCC Maccabi in writing (via mail or e mail) by April 30, 2020. ON OR AFTER MAY 1, 2020 NO REFUNDS WILL BE ISSUED.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

Participant Name \_\_\_\_\_ San Diego or Pace (circle one)

Sport/Specialty \_\_\_\_\_ Participant Cell phone \_\_\_\_\_

Participant lives with: Parent 1 Parent 2 both other \_\_\_\_\_

Parent 1 Name \_\_\_\_\_ Parent 1 email \_\_\_\_\_

Parent 1 Address \_\_\_\_\_

City, ZIP \_\_\_\_\_ Parent 1 Cell \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Parent 2 email \_\_\_\_\_

Parent 2 Address ☐ (check if same as above) \_\_\_\_\_

City, ZIP \_\_\_\_\_ Parent 2 Cell \_\_\_\_\_

Including THIS year, how many years have you participated in JCC Maccabi? 1 2 3 4 5 6

**PLEASE USE THIS FORM IF PAYING BY CREDIT CARD: Visa/MasterCard/AmEx only!!**

By signing below, you authorize the JCC to charge your credit card for the 2020 JCC Maccabi registration fee as indicated on this form. If no payment option is checked above, you will be charged the full amount. The charge will appear on your statement as Jewish Community Center. If for any reason the participant cancels, \$250 will be deducted from the refund. The undersigned must notify Detroit JCC Maccabi in writing (via mail or e mail) by April 30, 2020. ON OR AFTER MAY 1, 2020 NO REFUNDS WILL BE ISSUED

Name on card \_\_\_\_\_ phone \_\_\_\_\_

Billing address (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Card number \_\_\_\_\_ CSC code \_\_\_\_\_ expiration date \_\_\_\_\_

Signature \_\_\_\_\_

**Please mail this completed form and payment to:**

Jewish Community Center  
Attention: Olivia Barris  
6600 W. Maple  
West Bloomfield, MI 48322

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Submit medical forms via CampDoc by June 1. Directions on how to do that will be sent out as soon as we get it!