

JCC 2017 3-on- 3 Basketball Tournament

Coach: _____ **E-mail:** _____ **Cell Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

Fee Enclosed \$ _____

Early Bird Special- \$75

after 10/29- \$85

Charge my credit card on file

Check # _____

Credit Card # _____ Exp. Date _____

Signature _____

Name as it appears on card _____

(PLEASE PRINT LEGIBLY)

PLAYER NAME	Grade	DOB	ADDRESS	CITY	ZIP	PHONE	E-MAIL	J Member (yes or no)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								

COACH'S SIGNATURE

DATE



*By signing this form, I agree and acknowledge the following: I am familiar with the physical activities/sport for which I am registering to participate, or participating in, and understand that the activities/sport may include physical contact, strenuous physical exercise, and could result in personal injury. Knowing these risks, I hereby agree to waive, release and discharge Jewish Community, its employees and agents from all claims injuries, damages or actions of any kind or nature arising out of my participation in the activities/sport or use of the facilities which may be brought by myself and anyone who might make a claim on my behalf, not with standing the negligence of the JCC, its trustees, officers, employees or agents. I understand that I must abide by all the policies and procedures as they apply to the use of the facility.

*The tournament has a maximum capacity for teams. The roster must be submitted along with the full registration fee to Eddie Hsia, to secure a spot.

*Grades may be combined due to enrollment