JEWISH COMMUNITY ALLIANCE

HIGH SCHOOL BASKETBALL LEAGUE

9TH-12TH GRADES

&

SENIOR MEN’S BASKETBALL LEAGUE

PLAYER REGISTRATION

(Please print)

Please fill out this form completely and mail to:

JCA, Attn: Rick Evans, 60 S. River Street, Wilkes-Barre, PA 18702

Phone: (570) 824-4646

Player Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_ Zip\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work phone\_\_\_\_\_\_\_\_\_\_\_

High School Players - Emergency Contact Information:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby unconditionally release JCA of NEPA and any of its officers, directors, executives, employees, agents, volunteers and anyone working under, through or in connection with any of them with respect to any incident, claim, occurrence, loss, injury, or damage whether known or unknown, present or future, foreseeable or not, that could or may arise out of such participation in any and all programs and activities, including provided travel to and from, in which I participate at the JCA of NEPA.

Photo permission: Yes, you may use my child’s/my photo or video in JCA promotional materials, communications, on the JCA website, online or in cooperation with media outlets and other organizations without consent. Children and teens 18 and under must have parent’s permission. Names will not be used. I have read and agree to the above terms and conditions.

Participant/Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 JCA High School League  JCA Senior Men’s League

COST $325/TEAM COST $80/PLAYER

Please make check payable to: JCA (Jewish Community Alliance of NEPA)

Deadline for individual registration forms – forms must be completed and returned to the JCA by October 31, 2017.