



2019-2020 FALL/WINTER JCC LIONS BASKETBALL REGISTRATION

Today's Date ____/____/____

Player Name _____ Birth date ____/____/____ Age _____ Grade* _____

**As of Fall 2019*

Address _____ Home # _____

Parent 1 _____ Cell # _____ email _____

Parent 2 _____ Cell # _____ email _____

Member Non Member New to Program Returning Player

PRIMARY JCC MEMBER NAME: _____ CATEGORY: Young Adult Family Single Parent Family

For information about JCC Membership contact Member Services at 402-334-6426.

UNIFORM \$65 <i>(For New Players or those who wish to purchase a new uniform)</i>	Jersey # _____
Shorts	Jersey
YOUTH: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	YOUTH: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large
ADULT: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL	ADULT: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL
SHOOTING SHIRT \$25 Long Sleeve Dry Fit <i>(Optional)</i>	
YOUTH: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	ADULT: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL

FALL/WINTER: K-3RD BOYS, K-6TH GIRLS As of Fall 2019

LITTLE LIONS

FALL & WINTER K-2nd Grade Boys & Girls, as of Fall 2019

Member \$236 Non Member \$306

K 17-00KFW 1st 17-001FW 2nd 17-002FW

FALL ONLY or WINTER ONLY K-2nd Boys & Girls, as of Fall 2019

Member \$139 Non Member \$180

FALL ONLY K 17-00KF 1st 17-001F 2nd 17-002F

WINTER ONLY K 17-00KW 1st 17-001W 2nd 17-002W

3RD GRADE BOYS as of Fall 2019

Member \$350 Non Member \$455 17-003

LADY LIONS 3rd-6th Grade Girls, as of Fall 2019

Member \$350 Non Member \$455

3rd Grade 17-0023 5th Grade 17-0025

4th Grade 17-0024 6th Grade 17-0026

FALL/WINTER: 4TH-8TH BOYS As of Fall 2019

Returning Member \$625 Returning Non Member \$800

New Member \$750 New Non Member \$900

4th Grade 17-004 7th Grade 17-007

5th Grade 17-005 8th Grade 17-008

6th Grade 17-006

PAYMENT

DEPOSIT \$250

A \$250 deposit per player is required by May 1, 2019 to secure your child's spot on a team. Full payment can be made at time of registration.

If only paying deposit of \$250 at registration, the remaining amount will be split into 3 equal payments and processed on the 1st of Sept., Oct. and Nov. 2019 by automatic bank withdrawal or credit card. All fees must be paid in full by Friday, November 29, 2019.

MEMBER:

Returning \$625 New \$750

Balance after deposit: \$370 \$500

Payment Plan Full Pay _____ INITIAL

NON MEMBER:

Returning \$800 New \$900

Balance after deposit: \$550 \$650

Payment Plan Full Pay _____ INITIAL

PAYMENT Full payment must be made at time of registration.

PROGRAM FEE

Member \$ _____

Non Member \$ _____

UNIFORM *(If applicable, one time fee)* \$65

SHOOTING SHIRT *(Optional)*

____ QTY x \$25 ea. \$ _____

TOTAL \$ _____

UNIFORM *(If applicable, one time fee)* \$65

SHOOTING SHIRT *(Optional)*

____ QTY x \$25 ea. \$ _____

TOTAL \$ _____

Cost includes weekly practices, coaching fees, open gym time, tournament fees*, and skill clinics*. Uniform not included. Additional uniform fee for new players or those who wish to purchase a new uniform. *If applicable.

PLEASE COMPLETE BACK OF REGISTRATION FORM



Jewish Community Center of Omaha

AN AGENCY OF THE JEWISH FEDERATION OF OMAHA

333 South 132nd Street, Omaha, NE 68154

402.334.6426 | www.jewishomaha.org

JCC USAGE _____INITIAL

I have requested permission to use the services and equipment of the fitness facility and/or participate in programs at the Jewish Community Center of Omaha (the "JCC") located in Omaha, Nebraska. I acknowledge that the use of services and facilities and/or participation in programs is subject to the JCC rules and regulations, as modified from time to time, with which I agree to comply.

It is understood and agreed that the JCC reserves the right to revoke any membership or terminate any program participation, in the event of inappropriate behavior, failure to follow safety rules and/or disruptive behavior to members or staff, and/or failure to remain current on membership or program obligations.

NON MEMBER USAGE _____INITIAL

Non member players will have limited access to the JCC Campus. Non member players are ONLY allowed to participate in JCC Basketball programming. The basketball gymnasium will be available for non member use ONLY during scheduled select basketball practice, open gym, skill clinics or game times. Non member players who wish to use the JCC at any other times will be subject to a \$12.00 guest fee per day. Questions regarding JCC membership may be directed to Member Services at 402-334-6426.

PARENT PERMISSION _____INITIAL

As the parent/legal guardian of the child/children listed on this application, I take full responsibility for the actions of the child/children. I have signed this parent permission form and understand that I am fully responsible for their actions. I hereby give permission for my child(ren) to participate in JCC activities. In the event that I cannot be reached, I hereby give permission to the JCC to act on my behalf to have medical treatment administered to my child(ren) in the event of an emergency. I understand that I will be fully and directly responsible for the cost of medical attention. I further understand that the JCC reserves the right to restrict or to remove persons from activities when appropriate.

PAYMENT FEES _____INITIAL

I have read the payment information and I assume financial responsibility for all Select Basketball fees. Should you elect to pay by installment, please make payment arrangements with the JCC Registrar at 402-334-6419 so that your payments are received before payment due date. I understand that failure to pay fees by the due date will result in loss of play time for my child. Fees are nonnegotiable/nontransferable. Refunds will not be given if your child chooses not to finish the season. There are no fee reductions for absences, family vacations or holidays.

RELEASE _____INITIAL

I understand that any JCC activity and use of recreational and workout facilities involves the risk of accidental injury despite all safety precautions. On behalf of myself and my family, as a consideration and a condition of my/our participation in the JCC Basketball program, I understand that attending and using the facilities of the JCC is done at my/our own risk. I/we agree that I/we will not hold the JCC responsible for any damages arising from any injury or loss sustained or incurred by me/my family caused by any negligence or gross negligence in, on, or about the premises of the JCC.

PUBLICITY/PROMOTIONS _____INITIAL

The JCC reserves the right to photograph members and guests and use these photographs for marketing purpose, including but not limited to insertion on the JCC's website, newsletters, program promotions, Facebook page and other social media networks.

ADDITIONAL CONDITIONS _____INITIAL

Criminal History: The applicant acknowledges that it is the policy of the JCC to deny participation in JCC programs to any individual convicted of a sexual offense.

Cell Phone/Video Taping: Due to advances in video equipment and telephone video technology, and for the safety and security of our members and guests, any and all video equipment may not be used in locker rooms, dressing areas, shower areas, restrooms, or other areas generally deemed to be "private" within JCC facilities.

I/WE HAVE CAREFULLY READ THIS INSTRUMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM/WE ARE AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT WITH JCC, AND HAVE SIGNED IT OF MY/OUR OWN FREE WILL.

Sign _____

Print _____ Date ____/____/____

PAYMENT OPTIONS	
<input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	Bank Draft: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Card# _____	Bank _____
Exp. Date _____ CVV# _____	Routing # _____
Billing Zip Code: _____ (required)	Account # _____
<input type="checkbox"/> Charge to my credit card on file at the JCC	

FOR OFFICE USE ONLY			
DATE RECEIVED _____	PAYMENT PLAN _____	DEPOSIT RECEIVED _____	INITIALS _____