



# 18+ ADAPTIVE BASKETBALL LEAGUE

Co sponsored  
with



**Thursdays, October 3 - November 7**

**Game Times: 6:30 pm - TBA**

(Later game times depend on number of teams)

**FEES: \$50 M/\$60 C**

All payments must be made by October 3rd. Please contact Nicolle or Elliot at 203-387-2522 ext 237 for more information or Barbara at ext 250 to register. Register online today at [jccnh.org](http://jccnh.org).

## JCC FALL 2019 ADAPTIVE BASKETBALL REGISTRATION

Mail in registration and payment to: 360 Amity Road, Woodbridge, CT 06525, Attention: Nicolle Camara

Participants Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

In consideration of being permitted to participate in JCC activities and to use the facilities and equipment, I accept all risks to me and my family's health including but not limited to risk of injury or death, that may result from any and all liability for any and all claims and causes for action from loss or damage to me and/or my family's property and for any and all injury to my person (or to my family member), including death that may result from or occur during participation in a JCC activity. I further agree to indemnify and hold the JCC, its Board of Directors, officers, employees and representatives harmless from liability for the injury or death of any person(s) and damage to property that may result from my (or my family's) negligence, intentional acts or omissions, arising from my JCC membership or participation in any JCC activities.

I hereby grant, by participating in a JCC program the JCC and its legal representatives the irrevocable right and unrestricted permission to use and publish photographs or video images of me and/or my children, in which we may be included, for any purpose authorized by the JCC, including but not limited to: website use, social media, editorial publications, catalogue and advertising use. I understand that the circulation of such materials could be worldwide and that there will be no compensation to me for this use. Furthermore, I understand that I will not be given the opportunity to inspect or approve the finished products or the advertising copy or the printed matter that may be used in connection therewith. In granting this permission to the JCC and its legal representatives, I understand that if I do NOT want my name or image, or that of my child or family member, to be published I must submit a written letter to the JCC stating this, along with a photo or photos of the individual(s) concerned.

I hereby give permission to participate in all JCC activities. In the case that I cannot make a medical decision, I hereby give permission to the JCC to act on my behalf to have medical treatment administered in the event of an emergency. I understand that I will be fully and directly responsible for the cost of medical attention.

By signing below you indicate that you have read and agree to the terms presented in the terms and conditions agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment: ☐ Member ☐ Non-member

Amount: \_\_\_\_\_

☐ Check \_\_\_\_\_

☐ Visa ☐ Mastercard ☐ Amex ☐ Discover Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_