

# DODGEBALL TOURNAMENT!

**Get your team together!**

**Saturday, March 17**

**12:30-3PM, JCC Gym**

**3301 North Front Street**



- Teams of 5; Ages 9-14
- Select Your Team Captain
- Registration \$25/Team; Pay day of event
- Send completed registration form by March 10 to [dodgecushings@gmail.com](mailto:dodgecushings@gmail.com)



The Conley  
Cushing's Disease Fund  
TFEC, project fiscal sponsor

**Help Gabe and Ethan  
Dodge Cushing's  
Disease as Part of  
Our Community  
Service Project for  
Our Bar Mitzvahs**

**Thank you JCC!**

**All Proceeds benefit The Conley Cushing's Disease Fund**

***"You throw it. I dodge it. They Keep It!"***

# Dodgeball Tournament Registration Form

**All Proceeds benefit The Conley Cushing's Disease Fund**  
*"You throw it. I dodge it. They keep it!"*

**March 17, 2018**  
**12:30-3:00 P.M.**  
**Jewish Community Center Gym**  
**3301 North Front Street, Harrisburg, PA 17110**  
**\$25 per team**

Team Name: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_

\*If registrants are under 18, a separate JCC Consent and Release form the day of the event must be signed by a parent for EACH team member under 18.

**Team Details:** Teams of 5 people

**Team Captain:**

_____	_____	_____
<i>First &amp; Last Name</i>	<i>(Age)</i>	<i>Emergency Contact Phone #</i>

<b>Teammate #2:</b> _____	_____	_____
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<b>Teammate #3:</b> _____	_____	_____
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<b>Teammate #4:</b> _____	_____	_____
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<b>Teammate #5:</b> _____	_____	_____
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**Deadline to Register:** Teams must submit their final roster and registration form by Saturday, March 10<sup>th</sup> to [dodgecushings@gmail.com](mailto:dodgecushings@gmail.com)

**Team Cost:** \$25 per team; payment and JCC Consent and Release form due the day of the event.

Proceeds benefit The Conley Cushing's Disease Fund. Checks should be made out to **The Foundation for Enhancing Communities.**



*Special Thanks to the JCC!*

# Jewish Federation of Greater Harrisburg

## CONSENT AND RELEASE FORM

- I. In consideration of being allowed to participate in the activities and programs of the JCC and to use it's facilities, equipment and/or machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the JCC and it's officers, agent, employees, or executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of equipment or in the above mention activities. I do hereby release all those mention and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of, or connected with, my participation in activities of the JCC or the use of equipment at the JCC.
- II. I understand and am aware that participating in a program that may use strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and/or using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept all risks of injury or death.
- III. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in a league/program or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendation concerning these fitness activities and equipment usage. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and/or use equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation activities, and utilization of equipment and machinery in my activities.
- IV. I understand that JCC programs and activities may be recorded & or photographed for archival or promotional purposes. Such recording and/or photographing may include class or activity participants. My attendance and/or participation shall be deemed my consent to appear in such recordings and/or photographs without compensation.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of Parent if under 18 \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_