



**19th WORLD MACCABIAH GAMES  
HARD COPY APPLICATION**

**☆ JULY 17 – JULY 30, 2013\* ☆ ISRAEL ☆**

\*Team USA departure and return dates are TBD.

Open, Youth and Juniors Teams will have a mandatory Israel Connect program prior to the competition beginning.

**UNITED STATES 19<sup>TH</sup> WORLD MACCABIAH TEAM**

Maccabi USA · 1926 Arch Street, 4R, Philadelphia PA 19103

215/561-6900 Fax: 215/561-5470 e-mail: [maccabi@maccabiusa.com](mailto:maccabi@maccabiusa.com) [www.maccabiusa.com](http://www.maccabiusa.com)

1. Please check and complete one of the following:

Date \_\_\_\_\_

Athlete application: Sport \_\_\_\_\_  
 Open  Masters  Juniors  Youth

Staff Application (If you check here, specify below and complete the extra section titled "Staff Application Addendum.")

For:  Coach  Assistant Coach  Accommodations Manager  Trainer  Nurse or Physicians Assistant  Doctor  
If applicable, for which sport? \_\_\_\_\_ (Please indicate Open, Juniors, Youth, Masters)

**2. PERSONAL DATA**

Gender:  Male  Female

Name \_\_\_\_\_  
Last Name First Name Middle .Initial (as it appears on your passport)

Title:  Mr.  Ms.  Mrs.  Dr. Spouse: \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Portable (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

**You will receive a number of important details via email. Be sure to indicate the email you will check most often.**

E-mail \_\_\_\_\_

Are you a full time student?  yes  no Preferred mailing address:  home  school (from: to: )  business

School Address \_\_\_\_\_  
Street City State Zip

School Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Business/Firm Name \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip

Business Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

U.S. Citizen:  yes  no If not, citizen of what country? \_\_\_\_\_ U.S. Resident Alien:  yes  no **Attach a copy of your Green Card**

U.S. Passport number\* \_\_\_\_\_ expiration date\*\* \_\_\_\_\_

**\*If you do not currently have a valid passport please know that if you are appointed to Team USA, you will be required to submit a copy of your passport very shortly after. Please apply for one if need be. \*\*Due to current Israeli passport regulations, one may not fly on a passport that is within 6 months of being expired. Please make sure your passport is valid for at least 6 months past the travel dates of this program (JANUARY 31, 2014). If you need to renew the passport, please send us your new passport information as soon as you receive it.**

**Parent(s) or other legal guardian information is MANDATORY for all Juniors, Youth and Open applicants.**

Father's Full Name \_\_\_\_\_ Mother's Full Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_  
Street Street

City State Zip City State Zip

Home (\_\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Office (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Office (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

**3. EDUCATIONAL BACKGROUND**

High School (If currently enrolled) \_\_\_\_\_ Expected Year of Graduation \_\_\_\_\_

University (Include City) \_\_\_\_\_ Degree \_\_\_\_\_ Year of Graduation \_\_\_\_\_  
University (Include City) \_\_\_\_\_ Degree \_\_\_\_\_ Year of Graduation \_\_\_\_\_

**4. JEWISH AFFILIATIONS** (This section MUST be completed).

**Include you or your family's memberships in synagogues, Jewish Community Centers, Hillel, organizations, etc. Include current or prior affiliations AND their cities. If you or your family have no such affiliations, please indicate by stating "NONE."**

Please indicate if you are Shomer Shabbat.     yes    no                      Do you observe Kashrut?     yes    no

**5. APPAREL INFORMATION** - This will be used for your **official** Team USA and competitive apparel.

Height \_\_\_\_\_ Weight \_\_\_\_\_

Shoe Size \_\_\_\_\_ INDICATE YOUR SHOE SIZE IN MEN'S WHOLE SIZES ONLY. **For women's sizing, subtract 2 shoe sizes to equal a men's shoe size.**

**Sizes:** PLEASE CIRCLE DESIRED SIZING. Please note "W" next to size means Women's sizes.

**T-shirt**, only men's sizes ( S M L XL XXL )                      **Warm-up** ( XSW SW MW LW XLW XS S M L XL XXL XL Tall )

**Polo Shirt** ( XSW SW MW LW XLW S M L XL XXL )                      **Shorts size** ( XSW SW MW LW XLW S M L XL XXL )

**6. SPORTS INFORMATION**

Sport Position (i.e. Soccer Goalie) \_\_\_\_\_

School or Club Affiliation \_\_\_\_\_

Past Maccabi Experience: Indicate year(s) of Participation in the space to the event and medals in the space below.

Maccabiah \_\_\_\_\_ Pan Am Maccabi \_\_\_\_\_ JCC Maccabi Games \_\_\_\_\_

Maccabi Australia International Games \_\_\_\_\_ European Maccabi Games \_\_\_\_\_

Sport \_\_\_\_\_ Medals won \_\_\_\_\_

Recent Medals and/or awards earned (include dates)

Recent Performance Results (Official competitions only. List dates places.) You may send in additional information.

Contact information for your Coach, Athletic Director or other Official of Sport (Mandatory for athlete application) - please include as much contact information as possible. If contacted, this person must be able to confirm your athletic record.

Name \_\_\_\_\_ Address \_\_\_\_\_

Street

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

City

State

Zip

**7. JEWISH REFERENCES**

List AT LEAST ONE member of your Jewish community who has known you for at least TWO years. DO NOT INCLUDE RELATIVES.

a. Name \_\_\_\_\_ Address \_\_\_\_\_

Street

Home (\_\_\_\_\_) \_\_\_\_\_ Office (\_\_\_\_\_) \_\_\_\_\_

City

State

Zip

b. Name \_\_\_\_\_ Address \_\_\_\_\_

Street

Home (\_\_\_\_\_) \_\_\_\_\_ Office (\_\_\_\_\_) \_\_\_\_\_

City

State

Zip

**8. PUBLIC RELATIONS**

Please describe how you learned to apply to be a member of the USA Maccabiah Team (from your coach, Sports Chair, website, a newspaper or other publication, JCC Maccabi Games, etc.)

**SIGNATURE PAGE AGREEMENT (For all applicants)**

I hereby agree that if selected as a member of the USA Team, I will participate in the fundraising program to raise funds in support of the USA Team and Maccabi USA. The USA commitment program for the USA Team requires a shared commitment from all Team members to fund the USA Team and to ensure the success of the Games. I understand that failure to fulfill my Shared Commitment by not raising all of the required funds may result in my removal from the Team. All contributions are non-refundable.

I hereby declare that I am of the Jewish faith and if selected will conform to all rules governing the USA Team and Maccabi USA/Sports for Israel. Furthermore, I hereby release Maccabi USA/Sports for Israel to use my name, photograph and video in all results and publicity material. In filing this application I understand that Maccabi USA/Sports for Israel has the right to reject my application for any reason at any time. Filing this application confers no rights to me and the acceptance of the application is always subject to rejection even after the selection process. I understand that Maccabi USA/Sports for Israel and the USA Team have no liability or responsibility to me based upon the application or the selection process which may be used at any given time. Furthermore, for valuable consideration received, I hereby release Maccabi USA/Sports for Israel, its officers, directors, employees, agents, servants and volunteers from any and all liability and claims which may arise from the application or the selection process utilized to appoint members of the USA Team, including any and all claims arising out of personal injuries or damages from any cause whatsoever.

I am aware of the security risks which exist in Israel and around the world today. I understand that Maccabi USA has determined that the USA Maccabiah Team will participate in the 19<sup>th</sup> Maccabiah Games, unless the Games are cancelled.

**VERY IMPORTANT NOTE:** In some cases a school/club/professional sports team has eligibility restrictions on international competitions. The athlete is individually responsible for confirming with your local, state, and/or national sports regulators on eligibility procedures in order to participate with Maccabi USA.

\_\_\_\_\_  
Applicant’s Signature Date

\_\_\_\_\_  
Parent’s Signature (If applicant is under 18 on date of signing) Date

**APPLICATION FEE (\$40 payment must be submitted with this Signature Page in order for your application to be processed)**

Check (payable to Maccabi USA) **OR**  Credit Card (VISA/Mastercard/Amex)

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**Mail or fax completed documents to:**  
Maccabi USA, 1926 Arch Street, 4R Philadelphia, PA 19103  
P: (215) 561-6900 F: (215) 561-5470  
maccabi@maccabiusa.com www.maccabiusa.com



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**MANAGEMENT APPLICATION ADDENDUM**

TO BE COMPLETED BY MANAGEMENT APPLICANTS IN ADDITION TO THE APPLICATION FORM.

PLEASE TYPE OR PRINT CLEARLY

NAME \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**PROFESSIONAL REFERENCES** (Please list two)

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_  
Street Street

City State Zip City State Zip

Home (\_\_\_\_\_) Office (\_\_\_\_\_) Home (\_\_\_\_\_) Office (\_\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_\_) Fax (\_\_\_\_\_) Fax (\_\_\_\_\_) Fax (\_\_\_\_\_) \_\_\_\_\_

e-mail \_\_\_\_\_ e-mail \_\_\_\_\_

Accomplishments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you wish to be a member of the United States Maccabiah Team?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_