

Roselle Park Recreation-Basketball Registration 2017/2018 Season

Players Name _____ male/ female
Birth Date _____ Grade _____
Address _____
Home Phone _____ Cell Phone _____
Email _____

Fees: \$45.00 each Player. 3 or more in a Family: \$110.00 Clinic: (K-1st) \$25.00
One Application for each player.

Shirt Size - circle appropriate size - You are responsible for the size you choose

Adult AS / AM / AL / AXL
Youth YM / YL / YXL

I (we) hereby consent for my (our) child to compete in Roselle Park Recreation Basketball for the 2017/2018 season and for my child to accompany the coach on any scheduled event as a member of the team. It is understood and agreed that the RP Recreation Department and/or the RP Board of Education shall not be held liable for any damages arising from personal injuries by participation in, on, or about the premises resulting from intended use of the facilities and equipment including any claim for personal injuries resulting from negligence of agents and employees of the Recreation Department and the Board of Education, or the negligence of any person on said premises or injuries involved in connection with traveling to, entry in, and returning from any programs. There is no voluntary medical reimbursement for Recreation activities. You must participate at your own risk.

For the protection of your child's health and safety, you should not register for any sports or activities if the participant was treated for or now afflicted with any of the following (doctors approval may be required if necessary) but not limited to the said health issues- Heart disease, Heart murmur, Rheumatic fever, Lung disease such as asthma or recurring bronchitis, Hernia, Epileptic seizures, Loss of consciousness for any reason, Kidney disease, Broken bones, High blood pressure, concussions.

I certify that my child is physically able to compete without any restrictions and does not have any of the above mentioned conditions that would limit participation. If in doubt, consult your personal physician for their recommendations before approving and consenting to your child's Participation.

This form must be signed and returned before child can participate. By signing and participating you agree to follow the Roselle Park Recreation Code of Conduct and Recreation Basketball Rules of Play which are made available to every registrant, coach and parent.

Parent/Guardian's Signature _____ Date _____

Print Name _____

Please Circle***** I would like to Coach / Assistant Coach a team!!!!*****

Please Check*****I would like to be Team Mom ___

IN PERSON REGISTRATION 10/04/17 and 10/18 from 7pm to 8 pm at SHERMAN SCHOOL

**** Return during normal business hours or Mail application and fee to: ****

Borough of Roselle Park, Attn: Finance Office, 110 East Westfield Ave. Roselle Park, NJ07204

Please return form/payment by October 27 2017- late registration is allowed but may delay placement on a team/uniform shirt.

Scott Bruckenstein scottbruck@live.com

Fredrico Negron fnegron1130@gmail.com

www.roselleparkrecrecbasketball.com/

Make checks payable to: **Borough of Roselle Park**

In memo section please write - Basketball w/players' name

FOR BOROUGH USE ONLY

Check# _____ Amount _____ Receipt# _____