

# WESTAMPTON / EASTAMPTON / MT. HOLLY / HAINESPORT RECREATION DEPTS. - YOUTH BASKETBALL LEAGUE

## 2014 REGISTRATION FORM – AUTHORIZATION AND RELEASE

**REGISTRATION DATE:** WEDNESDAY, OCTOBER 16, 2013     **TIME:** 6:00 PM – 8:00 PM  
**LOCATION:** EASTAMPTON RECREATION BUILDING, KNIGHTSBRIDGE ROAD

**REGISTRATION DATE:** THURSDAY, OCTOBER 17, 2013     **TIME:** 6:00 PM – 8:00 PM  
**LOCATION:** SATURDAY, OCTOBER 19, 2013     **TIME:** 10:00 AM – 12:00 PM  
**LOCATION:** WESTAMPTON MUNICIPAL BUILDING, 710 RANCOCAS RD.

**REGISTRATION FEE:** \$100.00 1<sup>ST</sup> CHILD / \$90.00 PER EACH CHILD THEREAFTER

**PROGRAM INFORMATION:** For boys and girls in grades kindergarten through 9<sup>th</sup>. Practices will start in mid December, and games will begin in early January and run through mid-March. Games will usually be played on Saturdays, with some games being played during the week. Older divisions will play some teams from other towns either home or away. Team shirts and trophies will be given to players. Team pizza parties at end of season. All divisions except for Rookies will have playoffs at end of season. No team or player requests will be accepted. Only extreme circumstances will be reviewed. (Please be aware that there could be a conflict with indoor soccer games if you register for both programs.) A \$5.00 late fee will be charged to those registering after Oct. 21<sup>st</sup>, 2013. No refunds will be given. Checks made payable to Westampton Rec. Below please provide both parents' driver's license numbers (DL#) for entrance to games at Joint Base.

This is not a school sponsored event/activity

### PLEASE PRINT – USE ONE FORM PER PARTICIPANT

PARTICIPANT'S NAME: \_\_\_\_\_ SEX: MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PHONE:(\_\_\_\_\_) \_\_\_\_\_ FAMILY E-MAIL ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_ (AS OF 1/1/14)     BIRTH DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     GRADE: \_\_\_\_\_

MOM'S NAME: \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_ DL#: \_\_\_\_\_

DAD'S NAME: \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_ DL#: \_\_\_\_\_

EMERGENCY CONTACT & PHONE #: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Does participant have any known allergies or medical conditions that need specific attention during the program?  
 Please be very specific: \_\_\_\_\_

<b>DIVISION:</b>	<u>PEEWEEES</u>	<u>ROOKIES</u>	<u>MINORS</u>	<u>MINORS</u>	<u>JUNIORS</u>	<u>MAJORS</u>	<u>MAJORS</u>
(CIRCLE ONE)	Coed K & 1 <sup>st</sup>	Coed 2 <sup>nd</sup> & 3 <sup>rd</sup>	Boys 4 <sup>th</sup> & 5 <sup>th</sup>	Girls 4 <sup>th</sup> , 5 <sup>th</sup> , & 6 <sup>th</sup>	Boys 6 <sup>th</sup> & 7 <sup>th</sup>	Boys 8 <sup>th</sup> & 9 <sup>th</sup>	Girls 7 <sup>th</sup> , 8 <sup>th</sup> , & 9 <sup>th</sup>

T-SHIRT SIZE (CIRCLE ONE): YOUTH: SM MED LG     ADULT: SM MED LG XL XXL XXXL

PARTICIPANT'S EXPERIENCE LEVEL (Circle One): Inexperienced    1    2    3    4    5    Very Experienced

(Name) \_\_\_\_\_ has my permission to participate in all activities of the above-mentioned program. I understand that proper supervision is provided for all programs. In case of emergency, I authorize the program personnel to administer first aid treatment, to secure the services of a physician, to transport me/my child to the nearest medical facility for treatment in case of an emergency & to try to notify me/my contact person. In the event of injury due to accidents beyond their control, I agree to release and hold harmless all participating townships, their Recreation Departments, supervisors, employees, and all program volunteers, as well as other persons connected with all participating townships, from all liability relating to personal injury or property damage that I/my child may sustain by reason on my/our participation in, equipment or facilities therein. I also understand that these participating townships do not provide accident insurance for any of their participants.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Are you interested in \_\_\_ Coaching or \_\_\_ Assisting with your child's team? Name: \_\_\_\_\_

ANY QUESTIONS, PLEASE CALL THE WESTAMPTON RECREATION OFFICE: (609) 267-1891 (EXT 8)

2014 Youth Basketball League	<u>Do Not Write in This Box – For Accounting Purposes Only</u>
For Office Use Only -	Amount Paid: _____ Cash: ___ Check No.: _____ Received By: _____