

WESTAMPTON/EASTAMPTON RECREATION YOUTH BASKETBALL LEAGUE

2016/2017 REGISTRATION FORM – AUTHORIZATION AND RELEASE

REGISTRATION DATE: WEDNESDAY, OCTOBER 12, 2016 **TIME:** 6:00 PM – 8:00 PM
LOCATION: EASTAMPTON RECREATION BUILDING, KNIGHTSBRIDGE ROAD

REGISTRATION DATE: THURSDAY, OCTOBER 13, 2016 **TIME:** 6:00 PM – 8:00 PM
REGISTRATION DATE: SATURDAY, OCTOBER 15, 2016 **TIME:** 10:00 AM – 12:00 PM
LOCATION: WESTAMPTON MUNICIPAL BUILDING, 710 RANCOCAS RD.
REGISTRATION FEE: \$110.00 1ST CHILD / \$100.00 PER CHILD THEREAFTER

PROGRAM INFORMATION: For boys and girls in grades kindergarten through 9th. Practices will start in mid-December. 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. 15, 2016. 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 1/1/17) 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: _____

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

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)

| | |
|---------------------------------|---|
| 2016/17 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: _____ |