



ROCHELLE PARK RECREATION

Recreation Committee

151 W. Passaic Street • Rochelle Park, NJ 07662

Tel: 201-587-7743 • Fax: 201-587-1570

PROGRAM REGISTRATION/CONSENT FORM

NO REFUNDS –

REGISTRATION CLOSING SATURDAY, OCTOBER 31, 2009

PROGRAM: ROCHELLE PARK BASKETBALL PROGRAM **UNIFORM SIZE:** _____

Dates: October 26, 2009 thru March, 2010 **Times:** T/B/A

Location/Meeting Place: MIDLAND SCHOOL MULTIPURPOSE ROOM

Special Instructions: _____

Name of Participant (Last, First, Middle Initial)	Age	Birth Date
Home Address	Sex	Phone Number
Name of School	Grade	Emergency Phone Number
Parent's e-mail address	Parent's cell number	
Family Doctor's Name	Doctor's Phone Number	
Physical Limitations (if any)	Special Requests or Needs	

I, the below signed, verify that all the information on the enrollment form is correct. By signing this form, I agree to abide by all rules and regulations established by the **Township of Rochelle Park**. I assume all risks and hazards incidental to such participation and accept personal responsibility for any damages resulting from such participation. I also waive, release, absolve, indemnify and agree to hold harmless Organizers, Officials, Participants, Sponsors, The Township of Rochelle Park **along with its Departments and Committees**, The Rochelle Park Board of Education, and the State of New Jersey for any and all claims arising out of injury from such participation.

Name

Date

I Consent to my child's participation in the 2009 -2010 BASKETBALL PROGRAM.

(Parent/Guardian Signature)

Date

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FOR OFFICIAL USE ONLY-DO NOT WRITE BELOW THIS LINE

Fee \$ _____ Check _____ Check# _____ Rec'd by: _____

Security Deposit \$ _____ Check # _____ Rec'd by: _____

ROCHELLE PARK RECREATION BASKETBALL
2009-2010 REGISTRATION
OPEN TO ALL ROCHELLE PARK RESIDENT CHILDREN

THURSDAY, OCTOBER 15, 2009 7:00pm to 9:00PM
TUESDAY, OCTOBER 20, 2009 7:00PM to 9:00PM
THURSDAY, OCTOBER 22, 2009 7:00PM to 9:00 PM
MIDLAND SCHOOL GYM FOYER

REGISTRATION CLOSSES SATURDAY, OCTOBER 31, 2009

_____ Grades 1 & 2 Co-ed (In Town League).....\$30.00 per child
_____ Grades 3 thru 8 Boys & Girls (Travel Team).....\$65.00 per child
(Above fees include league fees, referee fees, uniforms, school gym and door Fees)

(Plus a separate check - refundable \$25.00 deposit per child - return of uniform and gym coverage for two games/practices)

Payment by **CHECK OR MONEY ORDER** made payable to: **Township of Rochelle Park**

NO CASH WILL BE ACCEPTED / NO REFUNDS

The Success of this Program is dependent on VOLUNTEERS. Please indicate if you are interested in Coaching, by placing an X next to the program you are interested in.

I am interested in Coaching at Grade Level

_____ Grades 1 & 2 Co-ed (In Town League)
_____ Grades 3 thru 8 Boys and Girls (Travel Team)

I am interested in being an Assistant Coach at Grade Level

_____ Grades 1 & 2 Co-ed (In Town League)
_____ Grades 3 thru 8 Boys and Girls (Travel Team)

Parent/Guardian Name _____

Parent/Guardian Signature _____

E-Mail Address _____ Cell # _____

Health Insurance Carrier _____

Emergency Contact Name _____ Relationship _____

Phone # _____

Contacts: Rochelle Park Recreation 201-587-7743 or
Mark Scully 201-556-1148