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

Basketball Program – Grades Pre K 4 thru 2nd Grade

FEE: $25.00 **Check or Money Order: Township of Rochelle Park** **(NO CASH)**

PROGRAM: ROCHELLE PARK BASKETBALL PROGRAM_____UNIFORM SIZE:_ _____

Dates: December --, 2013 thru March --,2014 **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		**Emergency Phone Number**
Parent's e-mail address	**Parent's cell number**	
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 would like to volunteer for.	**Coaching YES _____ NO _____** **Asst. Coach YES _____ NO _____** **Age Group: _____**	
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.

I Consent to my child's participation in the 2013 Pre-K4–2nd Grade 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: _____