



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 K thru 2nd Grade

FEE: \$25.00

Check or Money Order: Township of Rochelle Park (NO CASH)

PROGRAM: ROCHELLE PARK BASKETBALL PROGRAM UNIFORM SIZE: _____

Dates: January --, 2013 thru March --, 2013 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 _____	
Physical Limitations (if any)	Age Group: _____	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 K - 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: _____