

*Rochelle Park
Lions Basketball
5/6th Grade Boys
team*



*5th-6th Grade Boys
RP Lions will be joining the
2015-2016 Hackensack Basketball
Winter League*

*Registrations will be held at the
Rochelle Park Library on Saturday,
Nov 21st,
10am-12pm.*

FOR MORE INFORMATION: 201-921-1779

Contact: Pablo Carrasco

EMAIL: Plc310@yahoo.com

Website: www.rochelleparknj.gov

*The registration fee will be \$80 for boys
that need new uniforms and \$45 for the boys
who will use their uniforms from last year.*

*This fee will cover the league, uniforms,
trophies and end of the year Pizza party.*



ROCHELLE PARK RECREATION

Recreation Committee

151 W. Passaic Street • Rochelle Park, NJ 07662
Tel: 201-587-7743 • Fax: 201-587-1570
recreation@rochelleparknj.gov

PROGRAM REGISTRATION/CONSENT FORM

NO REFUNDS

PROGRAM: ROCHELLE PARK BASKETBALL PROGRAM UNIFORM SIZE: _____

Dates: November --, 2015 thru March --, 2016 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.

(Parent/Guardian Signature)

Date

I Consent to my child's participation in the 2015 -2016 **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: _____