



ROCHELLE PARK RECREATION

Recreation Committee

151 W. Passaic Street • Rochelle Park, NJ 07662

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www.rochelleparknj.gov

BASKETBALL PROGRAM REGISTRATION/CONSENT FORM

NO REFUNDS

PROGRAM: ROCHELLE PARK REC BASKETBALL PROGRAM UNIFORM SIZE: _____

Dates: November 2018 thru March 2019 Times: T/B/A

Location/Meeting Place: MIDLAND SCHOOL MULTIPURPOSE ROOM

Special Instructions: _____

Would you like your child to participate in Travel Basketball: YES _____ NO _____

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 2018 - 2019 REC 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: _____