

# Girls Basketball

## Boonton Township & Mountain Lakes Recreation

3<sup>rd</sup> & 4<sup>th</sup> Grade Girls League

Registration Deadline 11/18/11

**\*December Practice/Clinic Sessions**

\* Team draft based on player evaluation to balance overall team skill levels

\*January/February League Games. Games and Practices will be held during the week

**“NO WEEKEND COMMITMENT”**

\*Playoffs and Awards to all who participate \*Practice/Game Jersey’s included

\*Games Officiated \*\*\*\*Parent Volunteers Needed\*\*\*\*

Scheduled Practice/Game Times-“No Weekends”

**Mondays- RVS- 6:00-7:15 Wednesdays – Wildwood 6:00-7:15**

**\$80 Per Player, Sibling discounted \$50**

**Please make checks payable to Boonton Township Recreation**

**Send registration forms to Boonton Township Recreation : 155 Powerville Road**

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

DOB \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Jersey Size Youth S M Adult S M L \*Should fit loosely enough for tee-shirt underneath

**Contact Information:**

Parents’/Guardians’ Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Mother’s Cell # \_\_\_\_\_ Father’s Cell# \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone# \_\_\_\_\_

Primary Email \_\_\_\_\_

Alternate Email \_\_\_\_\_

**Medical Information:** (please use back of form, if more room is needed)

Health History (Check): \_\_\_Diabetes \_\_\_ Convulsions \_\_\_Heart Disease \_\_\_Asthma

\_\_\_Fainting \_\_\_Allergies \_\_\_ Other (please specify on back of form)

In the last 12 months has your child had any serious injury or illness? (Circle one) Yes No

Is your child allergic to any medications or have any allergic reactions? (Circle one) Yes No

Date of Last physical: // Is your child under a physician's care? (Circle one) Yes No

**Parental/Guardian Permission**

I, the parent/guardian of the above named player, hereby give my approval for his/her participation in all Boonton Township Recreation Department activities and assume all risks and hazard incidental to such participation, including medical treatment, and hereby agree to waive release, indemnify and to hold harmless the Boonton Township Recreation Department and its officers, coaches, sponsors, and other participants from liability, damage or claim, whether the result of negligence or other cause, except to the extent and in the amount covered by medical insurance obtained for and on behalf of the Boonton Township Recreation Department.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT VOLUNTEERS NEEDED TO COACH! Yes, I would like to help. \_\_\_\_\_**