

## Saddle Brook Recreation Basketball Registration

**\*\*Program is not sponsored by the SB Board of Education\*\***

**IN PERSON:** October 9<sup>th</sup> from 9:30 – 11:30 am and October 14<sup>th</sup> from 6-8 pm  
**LOCATION:** Veteran's Field Trailer (in back of parking lot) – Sampson Street, Saddle Brook NJ  
**COST:** \$25 per player  
**ELIGIBILITY:** Boys and Girls currently in Grades K - 8

If you cannot register in person, please send the completed registration form either via email to [jhersh00@gmail.com](mailto:jhersh00@gmail.com) OR mail to Michael DeVito at 96 Claremont Avenue Saddle Brook, NJ 07663 with a check payable to SB Recreation Basketball.

There will be a \$35 fee charged for any returned check in addition to the registration fee.

If you have any questions please contact: Michael DeVito and Jay Hersh at: [jhersh00@gmail.com](mailto:jhersh00@gmail.com)

*(Please print clearly)*

Name: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell phone#: \_\_\_\_\_

Parent's e-mail: \_\_\_\_\_

Main Contact Name: \_\_\_\_\_

JERSEY SIZE:      YS      YM      YL      AS      AM      AL      AXL      AXXL

### COACHES AND VOLUNTEER ARE NEEDED FOR ALL LEVELS OF RECREATION BASKETBALL

Are you interested \_\_\_\_yes \_\_\_\_no

### TRAVEL TEAM -

Information on Girls and Boys Travel Team Tryouts will be sent out in the next few weeks based on the interest of each age group. In order to be eligible to try out for the Travel Team, YOU MUST BE REGISTERED AND PARTICIPATE IN THE RECREATION LEAGUE. It is anticipated that the fee to participate on the Travel Team will be \$125-\$150 per player, which covers the cost of the league entry fee per team. Each Team will consist of a maximum of 12 players. Full payment would be due shortly after the player makes the Team.

My child is interested in playing travel basketball: \_\_\_\_YES \_\_\_\_NO

### PHOTO WAIVER

We will occasionally post photos/videos of the children on our website and/or Facebook page. If you do **NOT** want your child's photo posted, you must check the box and sign below.

☐ I do **NOT** wish to have my child's photo on any public media \_\_\_\_\_

I, the undersigned guardian/parent and my spouse, of the Township of Saddle Brook, in the County of Bergen and the State of NJ, in consideration of the benefits to our child indicated on this form and to the other children to be gained through their participation in the Saddle Brook Recreation Programs, no matter how designated or described, do hereby release the Township of Saddle Brook and its agent, servants and/or employees and volunteers from any and all claims or liabilities or actions whatsoever for medical bills, medical expenses, injuries, damages or losses that may be sustained by ourselves and/or our child from any participation in any recreational program in the event the medical bills and/or losses or damages exceed the Township of Saddle Brook's supplemental insurance policy. We fully understand that the Township's insurance policies are supplemental insurance policies only and that primary insurance for any injuries, claims, damages or losses are to be compensated to us through our own primary insurance policies. In the event we do not have primary insurance then the Township's supplemental insurance policy will not come into effect and we will not be entitled to present any claim or action against the Township of Saddle Brook.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name