

Saddle Brook Recreation Basketball Registration

IN PERSON: September 30th from 6:30-8:30 pm, October 10th from 7-9 pm
LOCATION: House at Veterans Field – Sampson Street , Saddle Brook NJ
COST: \$45 per player; \$85 for 2 children, \$120 for 3 or more children (separate forms for each child)
ELIGIBILITY: Boys and Girls currently in Grades 3-8

YOUR REGISTRATION MUST BE IN BY OCTOBER 15TH TO BE ELIGIBLE FOR TRAVEL TEAM TRYOUT

Mail in registration:

Checks should be made payable to: **Saddle Brook Recreation Basketball**
c/o Diane Bonner, 81 Kern Place, Saddle Brook NJ 07663

Any returned checks will be charged a \$35.00 fee in addition to the registration fee.

If you have any questions please contact: Diane Bonner or Joe Latona at: sbrecbball19@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

My child is interested in playing travel basketball: YES NO

Travel tryouts for Boys and Girls will be held in October. Date TBD. YOU MUST BE REGISTERED TO PLAY REC BEFORE TRYOUT DATE! In order to be considered for a team you must attend tryouts. Travel Fees will be \$125 per player to play to cover the cost of the league entry fee per team. Full payment would be due no later than October 31, 2018 if player makes the team. Each Team will consist of a maximum of 12 players.

COACHES ARE NEEDED FOR ALL LEVELS OF REC. Are you interested ____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

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