



PEMBERTON TOWNSHIP RECREATION DEPARTMENT
YOUTH BASKETBALL REGISTRATION
Boys & Girls in Grades K-9

- Practices:** Practices will be held weekday evenings beginning in December through March 2019 at Pemberton Township schools
- Games:** Games will be held January - March 2019 weekday evenings, Saturday mornings & afternoons. Travel to neighboring communities required and games will be played in Pemberton, Joint Base MDL, Eastampton & Westampton.
- Fee:** \$85/resident; \$95/non-resident (Ft. Dix, McGuire AFB and Pemberton Borough residents are NOT residents of Pemberton Township)
- Deadline:** **November 26th at 4:30pm - Players will be placed on a waiting list after this date & will be contacted if & when a spot becomes available in his/her division**

TEAM OR PLAYER REQUESTS ARE NOT ACCEPTED
(except Coach-Child and Coach-Assistant Coach Pairing)

Player's Name: _____ **MALE or FEMALE (Circle One)**

Age: _____ **Birth Date:** _____ **Current Grade:** _____

Parent/Guardian Names: _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Emergency Contact Name: _____ **Phone Number:** _____

Medical Concerns: _____

Does the Registrant have a sibling in the program? **YES** **NO**

If yes, their name and current grade? _____

Does the registered child have any basketball experience? Check all that apply:

- No Experience School Team Recreation Travel

Are you interested in coaching your child's team?

Head coaches will receive 50% off of their child's registration fee Please select one:

- YES – Head Coach YES – Assistant Coach NO – I do not want to coach

More on Back!

More on Back!

Jersey Size (Please note that some shrinking may occur after initial wash):

Youth Small

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

Adult X-Large

In order to access Joint Base MDL for your child(s)/ games parents/guardian information, you must provide us with the following:

Full Name: _____

Driver License Number: _____

DOB: _____ State: _____

Full Name: _____

Driver License Number: _____

DOB: _____ State: _____

Full Name: _____

Driver License Number: _____

DOB: _____ State: _____

Full Name: _____

Driver License Number: _____

DOB: _____ State: _____

Full Name: _____

Driver License Number: _____

DOB: _____ State: _____

(Player's Name)_____ has my permission to participate in all activities and media coverage of the above registered program. I understand that proper supervision is provided for all programs. In case of emergency, I authorize the program personnel to administer first aid treatment, to secure services of a physician, to transport me/my child to the nearest medical facility for treatment & try to notify me/my emergency contact. In the event of injury due to accidents beyond their control, I agree to release and hold harmless the Township of Pemberton, its supervisors, employees and all program volunteers, as well as other persons connected with Pemberton Township, from all liability relating to personal injury or property damage that I/my child may sustain by reason on my/our participation in, equipment or facilities therein.

Parent/Guardian Signature: _____

Date: _____