

**PEMBERTON TOWNSHIP RECREATION DEPARTMENT
2016-2017 YOUTH BASKETBALL REGISTRATION
Boys & Girls in Grades K-9**

- Practices:** Practices will be held weekday evenings beginning December 14, 2016 through March 2017 at Pemberton Township schools
- Games:** Games will be held January - March 2016 weekday evenings, Saturday mornings & afternoons
Travel to neighboring communities required and games will be played in Pemberton, Joint Base MDL, Eastampton & Westampton. **Please provide on this form below the driver license number for any and all persons that will be driving onto Joint Base MDL for games (if do not already have military ID).**
- Assessments:** A basketball clinic will be held December 1st @ Pemberton Township High School (B gym)
- Fee:** \$85/resident; \$95/non-resident (Ft. Dix, McGuire AFB and Pemberton Borough residents are NOT residents of Pemberton Township); **Late Fee:** A \$15 late fee will be assessed to all registrations beginning November 18th
- Deadline:** December 2nd 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)
ONLY EXTREME CIRCUMSTANCES WILL BE *CONSIDERED***

Player Name: _____ Gender (Circle): Male Female

Address: _____ Town: _____ Zip: _____

Home Phone: _____ Email Address: _____

Age: _____ Date of Birth: _____ Grade: _____

Mother/Guardian Name: _____ Cell Phone: _____

DL#: _____

Father/Guardian Name: _____ Cell Phone: _____

DL#: _____

Additional Name: _____ Cell Phone: _____

DL#: _____

Emergency Contact Name: _____ Phone: _____

Medical Concerns: _____

I give permission to have my child appear in any approved media coverage (Circle): Yes No

Division:	<u>PeeWee</u>	<u>Rookies</u>	<u>Minors</u>	<u>Minors</u>	<u>Juniors</u>	<u>Majors</u>	<u>Majors</u>
(Circle One)	Co-Ed	Co-Ed	Boys	Girls	Boys	Boys	Girls
	K, 1st	2nd, 3rd	4th, 5th	4th, 5th, 6th	6th, 7th	8th, 9th	7th, 8th, 9th

Jersey Size: Youth Sizes: S M L Adult Sizes: S M L XL XXL (Circle One)

Player's Experience Level (Circle One): Inexperienced 1 2 3 4 5 Very Experienced

Are you interested in volunteering for your child's team? Coach Asst. Coach Your Name: _____

(Player's Name) _____ has my permission to participate in all activities 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: _____