

**RIDGEFIELD PARK BOARD OF RECREATION  
7/8 GRADE GIRLS' TRAVELING SCHOOL TEAM  
BASKETBALL 2017-2018 SEASON**

**Tryouts:** Tuesday, November 14, 2017 - 6:00 pm RP high school gym

**Eligibility:** Grades 7 – 8 girls who live in or attend school in Ridgefield Park

**Checks should be made payable to:** RP BOARD OF RECREATION

**Fee:** \$40.00 per child; **FEE WILL ONLY BE COLLECTED FROM THOSE SELECTED FOR THE TEAM**

The Board of Recreation has taken over the 7/8 grade middle school basketball program. Schedule will consist of approximately 15 games plus the annual Little Ferry Tournament. This is a traveling, competitive team and not everyone will make the team. Registration fees will be returned to any player not selected for the team. Cost is \$40.00 per player. Registration fees will only be collected from players that are selected.

**REGISTRATION FORM - PERMISSION SLIP**

**Name:** \_\_\_\_\_ **Boy** \_\_\_\_\_ **Girl** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Grade :** \_\_\_\_\_ **Email:** \_\_\_\_\_

I/We, parents of the above child named for participation in the above league, hereby give my/our approval. I/We assume all risks and hazards incidental to such participation including transportation, if any. We do hereby waive, release, absolve and agree to hold harmless the Village of Ridgefield Park, members of the Board of Recreation, the organizers, supervisors, and the participants.

**SIGNED:** \_\_\_\_\_ **CLEARLY PRINT NAME:** \_\_\_\_\_

\*\*\*PLEASE MAKE SURE YOU SIGN FORM, CHILD CANNOT PARTICIPATE WITHOUT SIGNATURE\*\*\*

**NAME ON CHECK** \_\_\_\_\_ **CHECK NO.** \_\_\_\_\_ **AMOUNT** \_\_\_\_\_  
**YOU WILL BE RESPONSIBLE FOR \$12 BANK FEE FOR RETURNED CHECK**

**ONLY CERTIFIED COACHES WILL WORK WITH THE PLAYERS**

**Personal Insurance Information:** Name of Insurance Company: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

Telephone No. of Insurance Company: \_\_\_\_\_ **(COPY OF CARD MUST BE ATTACHED)**

**List any medical conditions:** \_\_\_\_\_

\_\_\_\_\_ **I am unaware of any medical conditions for participant.**

PLEASE NOTE, YOU MUST FIRST GO THROUGH YOUR PERSONAL INSURANCE COMPANY. THE VILLAGE IS THE SECONDARY INSURANCE. VILLAGE INSURANCE WILL ONLY PICK UP WHAT YOUR PERSONAL INSURANCE DOES NOT FOR SERVICES THAT ARE CUSTOMARY AND REASONABLE (USUALLY DEDUCTIBLE AND/OR CO-PAYS). IF YOU HAVE AN HMO, YOU MUST GO THROUGH YOUR HMO CARRIER. IF NOT, ONLY 50% OF THE BILL WILL BE PAID. INJURY CLAIM FORM MUST BE SUBMITTED TO THE BOARD AND THE INSURANCE COMPANY WITHIN 60 DAYS EVEN IF IT IS JUST NOTIFICATION AND NO BILLS. IT IS YOUR RESPONSIBILITY TO PUT THE INSURANCE CARRIER ON NOTICE EVEN IF YOU ARE WAITING FOR DOCTOR BILLS/EXPLANATION OF BENEFITS FROM THE INSURANCE CARRIER.

**RIDGEFIELD PARK BOARD OF RECREATION  
234 MAIN STREET  
RIDGEFIELD PARK, NJ 07660  
VOICEMAIL (201) 641-4950 EXT. 610  
Info on activities: [www.ridgefieldpark.org](http://www.ridgefieldpark.org)  
Email: [rpboardofrec@gmail.com](mailto:rpboardofrec@gmail.com)**