

**RIDGEFIELD PARK BOARD OF RECREATION
BASKETBALL CLINIC 2016-2017 SEASON**

Registration Dates and Locations: Friday, Sept. 23, 2016 6:30 p.m. – 8:00 p.m.
Saturday, Sept. 24, 2016 10:00 a.m. – 12:00 p.m.
DARE Room, Third Floor of Municipal Building (enter on Park Street)

Eligibility: **Grade 2 ONLY (as of September 2016)** who live in or attend school in Ridgefield Park

PLEASE MAKE SURE YOUR CHILD IS IN SECOND GRADE AS OF SEPTEMBER 2016

Checks should be made payable to: RP BOARD OF RECREATION

Early Bird Fee: \$50 per child; \$40 for each additional child

Fee: \$55.00 per child; \$45.00 for each additional child **NO REFUNDS ON REGISTRATION FEES!**

Fee for any registration submitted **after Sept. 24** is \$60.00 each. REGISTRATION CLOSING OCTOBER 25.

MAIL EARLY BIRD & LATE REGISTRATIONS to: Board of Recreation, 234 Main Street, Ridgefield Park.

NO CASH ACCEPTED AT CLERK'S OFFICE!!

All registration forms must be submitted by 10/25.

Season: December 2016 - March 2017

Program: 2nd Grade Co-Ed Clinic (Parent must stay with participant – held on Saturdays only)

REGISTRATION FORM - PERMISSION SLIP

(FIRST TIME PARTICIPANTS MUST BRING BIRTH CERTIFICATES)

Name: _____ Boy: _____ Girl: _____
Address: _____ Town: _____
Phone #: _____ Birth date: _____
School: _____ Grade (as of Sept. 2016): _____ Email: _____

Shirt Size - Please Circle: **PLEASE ORDER CAREFULLY, THE SHIRT IS ORDERED FOR EACH PLAYER
KEEP IN MIND YOUR CHILD WILL NOT BE WEARING THIS SHIRT UNTIL DECEMBER**

Youth Medium

Youth Large

Youth XL

Do you have any medical conditions? (Use Back of Form if Needed)

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

I would like to ____ coach or ____ help coach. Are you certified? ____Yes ____No
____I cannot coach but am willing to help where needed.

NAME ON CHECK _____ **CHECK NO.** _____ **AMOUNT** _____

ONLY CERTIFIED COACHES WILL WORK WITH THE PLAYERS

ANY QUESTIONS, CALL (201) 641-4950 ext. 610 or www.ridgefieldpark.org or email rpboardofrec@gmail.com.

REGISTRATIONS RECEIVED AFTER SEPTEMBER 24, FEE IS \$60 each child – no discounts on late registrations.

PLEASE NOTE ***NO REGISTRATIONS ACCEPTED ON EVALUATION NIGHT*****
REGISTRATION CLOSING OCTOBER 25 NO CASH ACCEPTED AT CLERK'S OFFICE**

YOU WILL BE RESPONSIBLE FOR \$12 BANK FEE FOR RETURNED CHECK

PLEASE TURN OVER AND FILL OUT MANDATORY INSURANCE SECTION NOW REQUIRED

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
(201) 641-4950 EXT. 610**

Info on activities: www.ridgefieldpark.org

Email: rpboardofrec@gmail.com