

# Ridgefield Park Recreation Competition Cheer 2017



Join our team...How bout that??

Established 2016 & blowing STRONG into 2017.

As our season **CONTINUES**, we are inviting children in **Grades 1-8**, interested in joining the **#RPSTORM family!!!**

Registration will kick off at our RP Storm barbeque on  
**April 15 @ Brewster Park from 12-3.**

Additional registration days:

**April 17th, 19th and 20th from 4-7  
@ Knights of Columbus.**

Cost: \$250 (plus uniform)

\$50 due at registration

\$200 due by July 1<sup>st</sup>

Check should be made payable to: RP Board of Recreation

**\*\*At registration, tumbling/stunting classes will be offered.\*\***

## RIDGEFIELD PARK RECREATION COMPETITION CHEER REGISTRATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Birth date: \_\_\_\_\_  
School: \_\_\_\_\_ Grade (as of Sept.): \_\_\_\_\_  
Email: \_\_\_\_\_

Do you have any medical conditions? \_\_\_\_\_

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\*\*\*

### Personal Insurance Information: PLEASE FILL OUT 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.

Coaches are both Rutgers and concussion certified. All coaches are required to have background checks.

NAME ON CHECK: \_\_\_\_\_ CHECK NO. \_\_\_\_\_ AMOUNT: \_\_\_\_\_

RIDGEFIELD PARK BOARD OF RECREATION

234 MAIN STREET

RIDGEFIELD PARK, NJ 07660

(201) 641-4950 EXT. 610

Info on activities: [www.ridgefieldpark.org](http://www.ridgefieldpark.org)

Email: [rpboardofrec@gmail.com](mailto:rpboardofrec@gmail.com)