

RIDGEFIELD PARK BOARD OF RECREATION  
234 MAIN STREET  
RIDGEFIELD PARK, NJ 07660  
[www.ridgefieldpark.org](http://www.ridgefieldpark.org)  
Voicemail: 201-641-4950 ext. 610  
Email: [boardofrec@ridgefieldpark.org](mailto:boardofrec@ridgefieldpark.org)

**COMPETITION CHEER TEAM  
REGISTRATION FORM**

**RP STORM**

Registration: Friday, June 7, 2019 from 6:00 – 8:00 p.m.  
Saturday, June 8, 2019 from 10:00 a.m. – 12:00 p.m.  
DARE Room, 3<sup>rd</sup> Floor, RP Municipal Building, 234 Main Street, Ridgefield Park, NJ  
(enter on Park Street side)

**If you are unavailable these dates, please mail or drop off to the Clerk's Office.**

**Eligibility:** Pre-K – Eighth Grade Girls who reside in Ridgefield Park, Little Ferry and Bogota

**Registration Fee:** Total \$250.00 (plus uniform, which is not included in registration fee)  
First Payment of \$100.00 due at registration.  
Second Payment of \$150 to be mailed or dropped off by July 1 to: RP Board of Recreation  
234 Main Street  
Ridgefield Park, NJ 07660

**Fee:** Checks only – made payable to RP Board of Recreation.  
Payment in full must be made before participation in program.

**NOTE:** There is travel involved in this program. Some weekend travel and overnight stays involved at the expense of each participant. Uniforms, tumbling and stunting classes not included in registration fee.

**RIDGEFIELD PARK BOARD OF 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:** \_\_\_\_\_

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

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

**Personal Insurance Information:** PLEASE FILL OUT INSURANCE INFORMATION ON BACK

**THERE ARE NO REFUNDS ON ANY REGISTRATION FEES**

**\*\*At registration, tumbling/stunting classes will be offered  
at an additional cost.\*\***

**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.**

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

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

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Email: [boardofrec@ridgefieldpark.org](mailto:boardofrec@ridgefieldpark.org)