

**RIDGEFIELD PARK BOARD OF RECREATION
SATURDAY NIGHT HOOPS – 2019-2020**

PROGRAM TO RUN SATURDAYS: DECEMBER 14, 2019 – MARCH 28, 2020

Times of Games – Tipoff times ranging from 5-8 PM

Location: Ridgefield Park Junior/Senior High School Gym

ELIGIBILITY: BOYS GRADES 9, 10 & 11 (Must live in Ridgefield Park or attend RP J/S HS)

Maximum # of Players Needed: 60*

***The first 60 to sign-up and submit payment will participate in tryouts. All others who submit after the initial 60 will be put on a wait list to fill a spot if any of the 60 choose not to participate.**

Tryout date and times: WEDNESDAY, NOVEMBER 20, 2019 @ 7:00 P.M. – LINCOLN SCHOOL

Checks should be made payable to: RP BOARD OF RECREATION

Fee: \$75.00 per player NO REFUNDS ON REGISTRATION FEES!

MAIL or DROP OFF registration/fee to: Board of Recreation, 234 Main Street, Ridgefield Park

DEADLINE TO SUBMIT REGISTRATION FORM AND FEE IS MONDAY NOVEMBER 18, 2019.

REGISTRATION FORM - PERMISSION SLIP

Name: _____ Grade: _____

Address: _____ Town: _____

School: _____ Birth date: _____

Phone #: _____ Email: _____

Shirt Size - Please Circle: Adult Small Adult Medium Adult Large Adult XL

Please provide name for back of Shirt – Last Name or Nickname _____

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 cannot coach but am willing to help where needed.

ANY QUESTIONS: VOICEMAIL (201) 641-4950 ext. 610

email boardofrec@ridgefieldpark.org

Info on activities: www.ridgefieldpark.org

**YOU WILL BE RESPONSIBLE FOR \$25 BANK FEE FOR RETURNED CHECK
PLEASE TURN OVER AND FILL OUT MANDATORY INSURANCE SECTION**

NAME ON CHECK: _____ DATE RECEIVED: _____

CHECK NO.: _____ AMOUNT: _____

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

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