

**RIDGEFIELD PARK BOARD OF RECREATION
BASKETBALL 2009-2010 SEASON**

Registration Dates and Locations: Friday, Sept. 25, 2009 6:30 p.m. – 8:30 p.m.
Saturday, Sept. 26, 2009 10:00 a.m. – 12:00 p.m.
Roosevelt School Art/Music Room

Eligibility: Grades 2 - 8 who live in or attend school in Ridgefield Park

Registrations received by September 26: \$40.00 per child; \$30.00 for each additional child

NO REFUNDS ON REGISTRATION FEES!

A \$5.00 late fee will be added to any registration submitted **AFTER Sept. 26.**

MAIL 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 10/23 to guarantee a spot on a team. Any registrations submitted at the tryouts will be put on a waiting list only.

Checks should be made payable to: RP BOARD OF RECREATION

Season: November 2009 - March 2010

Program: 2nd Grade Co-Ed Clinic (Parent must stay with participant – held 8:15 a.m. Saturdays)

3rd and 4th Grade Boys 3/4/5th Grade Girls

5th and 6th Grade Boys 6/7/8th Grade Girls

7th and 8th Grade Boys

Tryouts will be at Lincoln School as follows:

Mon., Nov. 2 - 3rd/4th & 5th/6th Boys at 6:30 p.m.

Wed. Nov. 4 – All Girls at 6:30 p.m.

Wed. Nov. 4 - 7th/8th Boys 7:30 p.m. - 8:30 p.m.

REGISTRATION FORM - PERMISSION SLIP

(FIRST TIME PARTICIPANTS MUST BRING BIRTH CERTIFICATES)

Name: _____ Boy: _____ Girl _____

Address: _____ Town: _____

Phone #: _____ Birth date: _____

School: _____ Grade: _____ Email: _____

Shirt Size - Please Circle:

Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult 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: _____

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

I would like to ____ coach or ____ help coach a team. Are you certified? ____Yes ____No

____I cannot coach but am willing to help where needed.

NAME ON CHECK _____ **CHECK NO.** _____ **AMOUNT** _____
CHILD'S NAME IN PROGRAM _____

ONLY CERTIFIED COACHES WILL WORK WITH THE PLAYERS
ANY QUESTIONS, CALL (201) 641-4950 ext. 610 or www.ridgefieldpark.org

**REGISTRATIONS RECEIVED AFTER SEPTEMBER 26, FEE IS \$45 first child, \$35 each additional
FEE AT EVALUATION NIGHT IS \$55 – NO EXCEPTIONS
NO CASH ACCEPTED AT CLERK'S OFFICE**

Special requests for players on certain teams cannot be honored if it may upset
the competitive balance of the teams

**PLEASE NOTE THAT PURSUANT TO VILLAGE ORDINANCE, RETURNED CHECKS WILL BE SUBJECT TO MINIMUM OF \$25
PENALTY PAYABLE TO VILLAGE OF RIDGEFIELD PARK**