

**RIDGEFIELD PARK BOARD OF RECREATION
SATURDAY NIGHT HOOPS – 2023-2024**

PROGRAM TO RUN SATURDAYS: DECEMBER 9, 2023 – APRIL 6, 2024 (DATES OF GAMES WILL BE ANNOUNCED ONCE THE # OF TEAMS ARE SET. NOT ALL WEEKENDS WILL HAVE GAMES)

Times of Games – Tipoff times ranging from 5-8 PM Location: Ridgefield Park Junior/Senior High School Gym

ELIGIBILITY: BOYS & GIRLS GRADES 9 THRU 12 (Must live in Ridgefield Park or attend RP J/S HS)

**Tryout date and times: ~~MONDAY, NOVEMBER 20, 2023 @ 6:30 P.M. – LINCOLN SCHOOL~~
SATURDAY DECEMBER 9, 2023 from 5 – 7 P.M. – RP HIGH SCHOOL**

COACHES – AS COACH YOUR RESPONSIBILITIES START & STOP ON SATURDAY NIGHTS. THERE ARE ZERO, THAT'S RIGHT ZERO, PRACTICES DURING THE SEASON SO WE'RE ASKING YOU TO STAND ON THE SIDELINE AND ENCOURAGE, SUPPORT, LAUGH, SHAKE YOUR HEAD AND CHANGE LINEUPS. THAT IS IT! SERIOUSLY, THESE KIDS REALLY JUST WANT TO HAVE FUN AND YOUR JOB IS TO SIMPLY MAKE SURE THEY DO WITH MINIMAL ORGANIZATION.

IF YOU ARE WILLING TO COACH, PLEASE CONTACT THE BOARD OF REC VIA EMAIL PRIOR TO THE TRYOUT DATE TO LET US KNOW @ boardofrec@ridgefieldpark.org OR LET THE ORGANIZERS KNOW THAT NIGHT. YOU WILL NEED TO COMPLETE A CLASS

Checks should be made payable to: RP BOARD OF RECREATION

Fee: \$75.00 per player

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

IF YOU DID NOT PAY IN PERSON AT TRYOUTS OR PRIOR TO TRYOUTS, THE DEADLINE TO SUBMIT REGISTRATION FORM AND FEE IS WEDNESDAY, DECEMBER 6, 2024. REGISTRATION FORM - PERMISSION SLIP

Student Name: _____ **Grade:** _____

Address: _____

School: _____ **Birth date:** _____

Student Cell Phone #: _____ **Email:** _____

Adult Name: _____ **Adult Cell Phone #:** _____

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

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

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*****

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)

I am unaware of any medical conditions for the participant. _____

If there are any medical conditions, please list. _____

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
Info on activities: www.ridgefieldpark.org/board-recreation
Email: boardofrec@ridgefieldpark.org
FACEBOOK & INSTAGRAM: @ridgefieldparknj**