**REC WILL BE FOLLOWING STATE COVID PROTOCOLS IF ANY ARE IN EFFECT**

RIDGFIELD PARK BOARD OF RECREATION
SATURDAY NIGHT HOOPS – 2021-2022
THIS PROGRAM ONLY TAKES PLACE IF THERE ARE ENOUGH VOLUNTEER COACHES

PROGRAM TO RUN SATURDAYS: DECEMBER 11, 2021 – MARCH 26, 2022 (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)
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: MONDAY, NOVEMBER 15, 2021 @ 7:00 P.M. – LINCOLN SCHOOL

COACHES – WE NEED COACHES & THIS PROGRAM CANNOT RUN WITHOUT THEM. 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!

IF YOU ARE WILLING TO COACH PLEASE EITHER CONTACT THE BOARD OF REC VIA EMAIL IN ADVANCE OF THE TRYOUT DATE TO LET US KNOW @ boardofrec@ridgefieldpark.org OR LET THE ORGANIZERS KNOW THAT NIGHT.

Checks should be made payable to: RP BOARD OF RECREATION
Fee: $75.00 per player NO REFUNDS ON REGISTRATION FEES W/ONE EXCEPTION, IF YOUR CHILD MAKES THE RP HIGH SCHOOL VARSITY BASKETBALL TEAM WE WILL REFUND SINCE WE KNOW THOSE WHO DO ARE NOT ALLOWED TO PLAY SATURDAY NIGHT HOOPS!

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 MONDAY NOVEMBER 22, 2021.

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
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***

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)

I am unaware of any medical conditions for participant. _____

If 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

Email: boardofrec@ridgefieldpark.org