**RIDGEFIELD PARK BOARD OF RECREATION**
**BASKETBALL CLINIC 2017-2018 SEASON**

Registration Dates and Locations: Friday, Sept. 22, 2017 6:30 p.m. – 8:00 p.m.
Saturday, Sept. 23, 2017 10:00 a.m. – 12:00 p.m.
DARE Room, Third Floor of Municipal Building (enter on Park Street)
Eligibility: **Grade 2 ONLY (as of September 2017)** who live in or attend school in Ridgefield Park

## PLEASE MAKE SURE YOUR CHILD IS IN SECOND GRADE AS OF SEPTEMBER 2016

**Checks should be made payable to**: **RP BOARD OF RECREATION**
**Fee:** $55.00 per child; $45.00 for each additional child **NO REFUNDS ON REGISTRATION FEES!**
Fee for any registration submitted **after Sept. 23** is $60.00 each. REGISTRATION CLOSES OCTOBER 25.

**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 10/25.

Season: December 2017 - March 2018 Program: 2nd Grade Co-Ed Clinic (Parent must stay with participant – held on Saturdays only) **You will receive a letter with the starting date and info on the program.**

REGISTRATION FORM - PERMISSION SLIP
(FIRST TIME PARTICIPANTS MUST BRING BIRTH CERTIFICATES)
**Name:**_____ **Boy:**_____**Girl:**_____
**Address:**_____ **Town:** _____
**Phone #:**_____ **Birth date:** _____
**School:**_____ Grade (as of Sept. 2017):_____ **Email:** _____

Shirt Size - Please Circle: **PLEASE ORDER CAREFULLY, THE SHIRT IS ORDERED FOR EACH PLAYER**
**KEEP IN MIND YOUR CHILD WILL NOT BE WEARING THIS SHIRT UNTIL DECEMBER**

Youth Medium Youth Large Youth 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:_____CLEARLY PRINT NAME:_____
******PLEASE MAKE SURE YOU SIGN FORM, CHILD CANNOT PARTICIPATE WITHOUT SIGNATURE******

I would like to ____ coach or _____help coach. Are you certified? ____Yes ___No
____I cannot coach but am willing to help where needed.

**NAME ON CHECK** _____ **CHECK NO.**_____**AMOUNT**_____

**ONLY CERTIFIED COACHES WILL WORK WITH THE PLAYERS**

ANY QUESTIONS, CALL (201) 641-4950 ext. 610 or www.ridgefieldpark.org or email rpboardofrec@gmail.com.

**REGISTRATIONS RECEIVED AFTER SEPTEMBER 24, FEE IS $60 each child – no discounts on late registrations.**
**PLEASE NOTE *****NO REGISTRATIONS ACCEPTED ON EVALUATION NIGHT*******
**REGISTRATION CLOSES ON OCTOBER 25 NO CASH ACCEPTED AT CLERK'S OFFICE**

**YOU WILL BE RESPONSIBLE FOR $12 BANK FEE FOR RETURNED CHECK**

**PLEASE TURN OVER AND FILL OUT MANDATORY INSURANCE SECTION NOW REQUIRED**

**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 REPONSIBILITY 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: rpboardofrec@gmail.com**

## YOU WILL RECEIVE A LETTER IN OCTOBER WITH STARTING DATE AND INFO ON THE PROGRAM.
## THERE ARE NO EVALUATIONS FOR CLINIC.