

**RIDGEFIELD PARK BOARD OF RECREATION  
BASKETBALL 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: **Grades 3 – 8 (as of September)** who live in or attend school in Ridgefield Park

**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 CLOSING OCTOBER 25

**PLEASE NOTE: NO REGISTRATIONS ACCEPTED AT EVALUATIONS**

**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 to guarantee a spot on a team.

Season: November 2017 - March 2018

Program: 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

Evaluations will be at Lincoln School as follows:

Mon. Oct. 30 – 3 3rd/4th & 5th/6th Boys at 6:30 p.m.

Wed., Nov. 1 – All Girls at 6:30 p.m.

Wed., Nov. 1 – 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 (as of Sept.): \_\_\_\_\_ 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 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: \_\_\_\_\_ CLEARLY PRINT NAME: \_\_\_\_\_  
**\*\*\*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 \_\_\_\_\_

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

ANY QUESTIONS, CALL (201) 641-4950 ext. 610 or [www.ridgefieldpark.org](http://www.ridgefieldpark.org) or email [rpboardofrec@gmail.com](mailto:rpboardofrec@gmail.com).

**REGISTRATIONS RECEIVED AFTER SEPTEMBER 23, FEE IS \$60 each child – no discounts on late registrations.**

**PLEASE NOTE \*\*\*\*\*NO REGISTRATIONS ACCEPTED ON EVALUATION NIGHT\*\*\*\*\***

**REGISTRATION CLOSING ON OCTOBER 25 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  
**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 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](http://www.ridgefieldpark.org)  
Email: [rpboardofrec@gmail.com](mailto:rpboardofrec@gmail.com)