



PEMBERTON TOWNSHIP RECREATION DEPARTMENT
2019 - 2020 YOUTH BASKETBALL REGISTRATION
Boys & Girls in Grades K-9

TEAM OR PLAYER REQUESTS ARE NOT ACCEPTED (except Coach-Child and Coach-Assistant Coach Pairing)
ONLY EXTREME CIRCUMSTANCES WILL BE CONSIDERED

- Practices:** Practices will be held weekday evenings beginning December 2019 through March 2020 at Pemberton Township schools
- Games:** Games will be held January - March 2020 weekday evenings, Saturday mornings & afternoons. Travel to neighboring communities required and games will be played in Pemberton, Joint Base MDL, Eastampton & Westampton.
- Assessments:** A basketball clinic will be held November 23rd Location & Time TBA
- Fee:** \$85/resident; \$95/non-resident (Ft. Dix, McGuire AFB and Pemberton Borough residents are NOT residents of Pemberton Township)
- Deadline:** November 20th at 4:30pm - Players will be placed on a waiting list after this date & will be contacted if & when a spot becomes available in his/her division

Player Name: _____ Gender (Circle): Male Female

Parents Name: _____

Address: _____ Town: _____ Zip: _____

Phone Number: _____ Email Address: _____

Age: _____ Date of Birth: _____ Grade: _____

Emergency Contact Name: _____ Phone: _____

Medical Concerns: _____

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|--------------|---------------|----------------|---------------|---------------|----------------|---------------|---------------|
| Division: | <u>PeeWee</u> | <u>Rookies</u> | <u>Minors</u> | <u>Minors</u> | <u>Juniors</u> | <u>Majors</u> | <u>Majors</u> |
| (Circle One) | Co-Ed | Co-Ed | Boys | Girls | Boys | Boys | Girls |
| | K, 1st | 2nd, 3rd | 4th, 5th | 4th, 5th, 6th | 6th, 7th | 8th, 9th | 7th, 8th, 9th |

Jersey Size: Youth Sizes: S M L Adult Sizes: S M L XL XXL (Circle One)

Player's Experience Level (Circle One): Inexperienced 1 2 3 4 5 Very Experienced

Are you interested in volunteering for your child's team? Coach Asst. Coach Your Name: _____

(Player's Name) _____ has my permission to participate in all activities of the above registered program. I understand that proper supervision is provided for all programs. In case of emergency, I authorize the program personnel to administer first aid treatment, to secure services of a physician, to transport me/my child to the nearest medical facility for treatment & try to notify me/my emergency contact. In the event of injury due to accidents beyond their control, I agree to release and hold harmless the Township of Pemberton, its supervisors, employees and all program volunteers, as well as other persons connected with Pemberton Township, from all liability relating to personal injury or property damage that I/my child may sustain by reason on my/our participation in, equipment or facilities therein.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date of Payment: _____ Cash: _____ Check Number: _____ Credit Card: _____

Received By: _____ Notes: _____