

# 2006-2007 Basketball Registration Form

(Springfield Township Return by Oct 27, 2006)...

Late registrations will be placed on a waiting list

SPRINGFIELD RECREATION  
SPRINGFIELD SCHOOL

PO BOX 13, JOBSTOWN, NJ 08041  
LABEL ENVELOPE "RECREATION BASKETBALL"  
TIM DOLAN

PHONE (609) 723-8172 X 2

6 CRAIG DR., COLUMBUS, NJ, 08022 PHONE (609) 261-3962

FOR YOUTHS in the 1st through 9th GRADES. NOTE: Players on high school teams at League discretion.

## Leagues: Circle One

Fees: Payable to Springfield Recreation

Mini-Ball Grades 1 and 2 (Co-ed, not older than 8 y.o. on 10/1/06)

Midget Grades 3 and 4 (Not older than 10 y.o. on 10/1/06)

Minor Grades 5 and 6 (Not older than 12 y.o. on 10/1/06)

Major Grades 7, 8, & 9 (Not older than 15 y.o. on 10/1/06)

Springfield residents:

\$35 first participant, \$30 subsequent kids

NOTE: 7-8-9 players from all Towns will be "pooled".

\*\*\*A COPY of the registrant's birth certificate is required if not previously submitted to parent organization.\*\*\*

I'm interested in COACHING \_\_\_\_\_ ASSISTING \_\_\_\_\_ SPONSORING \_\_\_\_\_

NOTE: ALL COACHES AND ASSISTANTS WILL BE REQUIRED TO PARTICIPATE IN THE STATE-RUN BACKGROUND CHECK PROGRAM, INCLUDING FINGERPRINT AND RECORD CHECK.

## To Whom It May Concern:

I as parent/guardian assume all risks and responsibilities for my child/myself while participating in the NBIBL and the SPRINGFIELD Township Recreation Program. As parent/guardian of \_\_\_\_\_, a minor, I herewith authorize treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

PARENT SIGNATURE \_\_\_\_\_

PLAYER NAME \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

BIRTHDAY \_\_\_\_\_

MALE / FEMALE \_\_\_\_\_

COACH LAST YEAR \_\_\_\_\_

ALLERGIES / MEDICAL CONDITIONS \_\_\_\_\_

PARENT NAME \_\_\_\_\_

MOM: \_\_\_\_\_

DAD: \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_

FAMILY PHYSICIAN DOCTOR NAME & PHONE; \_\_\_\_\_