

**2018-2019 BOUND BROOK RECREATION DEPARTMENT
TRAVEL BASKETBALL REGISTRATION FORM
PARENTS PLEASE READ**

This is a competitive program for children of Bound Brook and South Bound Brook. Children are required to try out for the team, meaning he/she may not make the team. Teams will be split up by grades as follows 3rd & 4th, 5th & 6th, and 7th & 8th grade. Those who don't make the travel team will be able to play on the recreation team in the inter-town league. Some players may be asked to play both recreation and travel, this will be up to each individual player and their coaches. **If there are not enough players to field a team or we can't find a coach it may result in a grade shift or not being able to enter a team into the league.**

If your child makes the team, please note that practices are at the coach's discretion, usually 2 times a week, and may be longer than a normal recreation practice. Children must be able to attend the try out dates— unless discussed with the recreation director. If your child makes the team, payment is expected to be \$65, this fee may increase due to team size. An additional \$35 may apply if new uniforms are purchase You will receive an email with team selections shortly after the tryout process. All try outs will be held at the new recreation gym (200 Thompson Ave.). All children are required to attend one try-out but are strongly encouraged to attend both days. Try-outs will be held on:

Boys 3-4 Saturday, October 27, 9 am to 10 am/ Sunday, October 28, 9 am to 10 pm
Boys 5-6 Saturday, October 27, 11 a.m. to 12 pm/ Sunday, October 28, 11 am to 12pm
Boys 7-8 Saturday, October 27, 12pm to 1pm/ Sunday, October 28, 12pm to 1pm

Girls 3-4 Saturday, October 27, 9am to 10am/ October 28, 9 am to 10am
Girls 5-6 Saturday, October 27, 11 am to 12 pm/ Sunday, October 28, 11 am to 12 pm
Girls 7-8 Saturday, October 27, 10 am to 11 am / Sunday, October 28, 10 am to 11 am

YOU MUST FILL OUT THE INFORMATION ON BLUE SOMBRERO

Check one:

Girls 3rd & 4th _____
Boys 3rd & 4th _____

Girls 5th & 6th _____
Boys 5th & 6th _____

Girls 7th & 8th _____
Boys 7th & 8th _____

CHILD'S NAME (print *CLEARLY*) _____ DOB: ____/____/____ GRADE _____
ADDRESS _____ CONTACT PHONE _____

EMERGENCY TREATMENT RELEASE

Dates during which release is granted: From: November 1, 2017 To: March 31, 2018

TO WHOM IT MAY CONCERN: As a parent and/or guardian of _____, a minor, I herewith authorize the 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 (s)/Guardian Info:

_____ Ph # _____ Cell # _____
Parent Name address (if different than above) (if different than above)
_____ Ph # _____ Cell # _____
Parent Name address (if different than above) (if different than above)

Contact e-mail (REQUIRED) _____

Other contact in case of emergency (DO NOT USE YOURSELF): Name _____
Phone _____ H / W / C Relationship to child _____ Hospital Preference _____
Specific medical allergies, chronic illness or other medical conditions the staff should be aware of: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I confirm that my child is up to date on all immunizations as required by the NJ Dept. of Health and Senior Services Annual Immunizations Report. I also agree that all the information provided is correct and factual. If information is found to be false, I understand that my child will be expelled from the program without reimbursement of fees paid.

Parent/Guardian Signature _____ **Date:** _____