

# \*REVISED\* 2016-2017 MIDDLESEX RECREATION DEPARTMENT GIRLS TRAVEL BASKETBALL REGISTRATION

## \*\*PARENTS PLEASE READ\*\*

This is a competitive program. Children are required to try out for the team, meaning she may not make the team. There is a non-refundable \$10 fee to try out. Teams will be a combined 5<sup>th</sup>&6<sup>th</sup> and 7<sup>th</sup>&8<sup>th</sup> team. The league that each team will play in will be announced as soon as possible. Other than league play, teams may also play in one holiday tournament and one spring tournament. Some leagues/tournaments have rules that state an AAU player or a child that plays on his/her school team may NOT participate in their league/tournament. You will be notified of any such rule as soon as possible. If your child makes the team please be aware that practices are at the coach's discretion and may be longer than a normal recreation practice. Children must be able to attend the try out date- no exceptions. If your child makes the team, payment of \$165 is due at the Recreation Department before the first scheduled practice. Payment plans available. Checks can be made payable to "Middlesex Recreation Department". Try-outs will be held on:

### MONDAY, NOVEMBER 14, 2016 AT MHS GYM

6:30PM – 8:00PM for 5<sup>th</sup> & 6<sup>th</sup> Grade Girls      8:00PM-9:30PM for 7<sup>th</sup> & 8<sup>th</sup> Grade Girls.

### REGISTRATION FORM AND \$10 FEE DUE BY WEDNESDAY, NOV. 9, 2016 BY 4:30PM.

**IF YOU DO NOT REGISTER BY THIS TIME - YOU MAY NOT ATTEND AND/OR REGISTER AT TRY OUTS.  
NO EXCEPTIONS WILL BE MADE.**

**Check one:**

**Girls 5<sup>th</sup> & 6<sup>th</sup>** \_\_\_\_\_

**Girls 7<sup>th</sup> & 8<sup>th</sup>** \_\_\_\_\_

**DO NOT write in box / for office use only**

\$10 Fee \_\_\_\_\_ Receipt # \_\_\_\_\_

\$165 Reg. Fee Pd. \_\_\_\_\_ (due after try outs) RCPT# \_\_\_\_\_

RCV'D \_\_\_\_\_

NAME (print *CLEARLY*) \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CONTACT PHONE \_\_\_\_\_

### EMERGENCY TREATMENT RELEASE

**Dates during which release is granted: From: October 21, 2016 To: March 31, 2017**

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:**

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

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

Contact e-mail \_\_\_\_\_

**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. I also have received and will abide by the spectator guidelines.

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_