

Township of Ocean Recreation Basketball

For Youth in Grades 1 - 9

Sharpen your skills, make new friends and have fun!

Registration:

August 30 – October 6 or until filled.

Non-resident registration begins September 13 if space is available.

Register online:

www.register.communitypass.net/oceantwp

Register in person:

Township of Ocean Department of Human Services, 601 Deal Road

Practices are held one night per week December through March.

Practice night will remain the same for the duration of the season.

Games are held on Saturday mornings at various gyms in the Township schools and at the Municipal Gym.

Fees:

\$65 Residents/\$75 Non-Residents

Divisions	Grade
Instructional	1st & 2nd
*Biddy	3rd & 4th
*Junior	5th & 6th
*Senior	7th - 9th
<i>All Divisions Are Separated By Gender</i>	

**It is our goal to accommodate the grade divisions as noted.*

If registration numbers in either the boys or the girls program requires, we will restructure the divisions to grades 3-5 and 6-8 and fully refund 9th graders who have registered.

If this occurs and a 9th grader is interested in being involved as a team assistant, we will make every effort to accommodate the request.

Volunteer Coaches are needed. Please call 732-531-2600 for information.

***Full compliance with fingerprinting
and coaches training programs are required by all volunteers.***

In-Person or Mail-in Registration Form

1. On Wednesday, August 30, registration will begin @ 8:30 a.m. online or in person at the **DEPARTMENT of HUMAN SERVICES**. Registration for non-residents will be accepted beginning on the non-resident registration date indicated, if space is available
2. Registration takes place during dates specified in the brochure and will be accepted on a first come basis until maximum enrollment is met. Forms received prior to registration opening will be returned unprocessed. **Once maximum enrollment for program is met, registration will close.** If a minimum requirement is not met, program may be canceled.
3. Registration will be accepted on-line, through the mail or in person at the Recreation Office from 8:30 - 4:30, Mondays through Fridays. Registration **will not** be accepted on site at programs.
4. For walk-in or mail-in registrations, form must be completed and submitted with the designated fee in order to be registered for a program. Incomplete forms will be returned unprocessed. Please use one form per person per program. Staff will register walk-ins in the order in which they are received, using the online program. Registrants are expected to remain onsite until the process is completed.
5. All checks payable to: **Township of Ocean** (unless otherwise specified); Mastercard & Visa also accepted.
6. Age requirements must be met by program starting date. Copy of participant's birth certificate may be requested.
7. Program refunds will be granted only if the program is cancelled by the Recreation Office (no service charge will apply) or if the vacated spot can be filled prior to the start of the program. Request for refund must be made in writing. Refunds will not be considered following the start of a program. Granted refunds will be assessed a \$10.00 service charge. Requests for refunds received within the appropriate time frame may also be credited to the registrant's Family Account (with no processing charge held) and applied to a future activity.
8. The Township of Ocean has established a Participation Code of Conduct (copy available upon request and posted on Township website). Compliance is required for participation in activities.

Recreation Basketball Registration Form (Recreation Office, 601 Deal Rd., Ocean, NJ 07712)

I. HOUSEHOLD INFORMATION:

PRIMARY ADULT NAME (First/Last): _____ PRIMARY ADULT DOB (mm/dd/yr): _____
MAILING ADDRESS: _____ TOWN: _____ ZIP: _____
HOME PHONE: _____ EMAIL ADDRESS: _____
CELL PHONE: _____ DAY PHONE: _____

III. PARTICIPANT INFORMATION:

PARTICIPANT NAME (First/Last): _____ **DOB:** _____ **GENDER:** M F
GRADE: _____ (grade as of Sept. 2017)
EMERGENCY CONTACT (first/last): _____ **PHONE:** _____
PARTICIPANT'S WORK PHONE (adult programming only): _____

Child's height (ft. & inches) _____

Note the one night that child cannot practice due to an alternate obligation: _____

Individual requests (carpooling, specific team, etc.) will not be considered given the size of the programs.

YES, I WOULD LIKE TO VOLUNTEER COACH ASSISTANT EITHER

VOLUNTEER NAME: _____ **ADDRESS:** _____
HOME PHONE: _____ **DAY PHONE:** _____
CELL PHONE: _____ **EMAIL ADDRESS:** _____

Note: All volunteers are required to participate in a fingerprinting program in order to be considered for involvement in this youth activity.

1. Does this program registrant require special assistance or accommodations to enjoy this program? _____. If yes, please note the physical or developmental disability and limitations (or any other situation) and include with registration form. Requests for special assistance must be received at least three weeks prior to the start of the program.
2. Due to the strenuous nature of some activities, registrant should consult a physician prior to participation. It is the responsibility of the participant to inform the Recreation Office of any physical disabilities that may limit his/her participation in a program.
3. Please note that participant assumes the responsibility of all reasonable risks which may exist due to participation in Township-sponsored events.
4. I have reviewed and understand the Registration/Refund procedure as provided in the seasonal brochure.
5. The Township of Ocean has established a Participation Code of Conduct and it is understood that compliance is required for participation in Township activities. A copy is available upon request.
6. It is understood that images of the participant noted on this form may appear in footage on the Township television station, the Township website and Facebook or Twitter pages, and in photographs promoting activities sponsored through the Department of Human Services.
7. As per NJ State Law (P.L. 2006, Chapter 306), school age youth who wear corrective eyeglasses are directed to wear protective eyewear that meets established safety standards during certain activities (including but not limited to basketball, soccer, tennis, lacrosse, baseball/softball). Please consult your child's eye doctor for specific information.

IV. Participant (if over 21)/Parent/Guardian Signature: _____

Office use: Date: _____ Amount: _____ Check#/Cash: _____ FAM ID #: _____ Int. _____