



Township of Ocean Recreation Office
Mail to: P.O. Box 910 Oakhurst, NJ 07755; 732-531-2600

2009/10 RECREATION BASKETBALL

The recreation programs of the Township of Ocean promote positive recreational experiences and the enhancement of the community through the demonstration of respect and sportsmanship. All persons involved in recreational programs, including participants, parents, staff, volunteers, and spectators contribute to the experience of all. It is the responsibility of all involved in the recreation program to cooperate toward the achievement of these goals.

This program is available to youth in FIRST through EIGHTH GRADE as of September '09.

***Instructional:** 1st/2nd grade; **Biddy:** 3rd/4th grade; **Junior:** 5th/6th grade; **Senior:** 7th/8th grade.

*If numbers permit, the instructional division will no longer be co-ed and will be split by gender.

All teams will be formed and practices will begin in early December. Games played on Saturdays beginning in January and continuing through early March.

Reg: Sept. 9th - Oct. 16th (or until maximum capacity is met in each division). If space available, Loch Arbor residents accepted as of Oct. 9 and all other non-residents accepted as of Oct. 14.

Fees: \$50.00/resident; \$60.00/non-resident **payable to Township of Ocean**

IF YOU ARE INTERESTED IN WORKING IN THE CAPACITY OF VOLUNTEER COACH, PLEASE NOTE THIS ON THE REGISTRATION FORM BELOW. ALL VOLUNTEERS MUST PARTICIPATE IN THE TOWNSHIP'S FINGERPRINTING PROGRAM IF THEY HAVEN'T ALREADY DONE SO DURING A PRIOR RECREATION YOUTH BASKETBALL OR SOCCER SEASON.

Recreation Registration Form Recreation Office, P.O. Box 910, Oakhurst, NJ 07755

PROGRAM: YOUTH BASKETBALL DIVISION: *GI *BI GB BB GJ BJ GS BS

DID YOU PARTICIPATE IN THIS PROGRAM LAST SESSION/YEAR? Y N

IF NO, HAVE YOU PARTICIPATED IN ANY OTHER PROGRAM SPONSORED BY THE RECREATION OFFICE? Y N

NAME: _____ PHONE: _____ ADULT E-MAIL: _____

ADDRESS: _____ TOWN: _____ ZIP: _____

PARENT NAME: _____ DAY PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

DOB: / / AGE: _____ GRADE (AS OF 9/2009): _____ SEX: M F **PARTICIPANT'S HEIGHT** (ft. & inch.): _____

Does your child currently play on a Travel and/or School basketball team? Y N

NOTE THE **ONE NIGHT** THAT CHILD CANNOT PRACTICE DUE TO RELIGIOUS OBLIGATION: _____

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

YOUTH SPORTS ONLY: **I WOULD LIKE TO VOLUNTEER:** COACH ASSISTANT (please specify and complete below)

VOLUNTEER NAME: _____ HOME #: _____ ADDRESS: _____

WK #: _____ CELL #: _____ E-MAIL: _____

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

- 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 the registration form. Requests for special assistance must be received at least three weeks prior to the start of the program.
- Due to the strenuous nature of some activities, registrant should consult a physician prior to participation. It is the responsibility of participant to inform the Recreation Office of any physical disabilities that may limit his/her participation in a program. Please note that participant assumes the responsibility of all reasonable risks which may exist due to participation in Township sponsored programs.
- I have reviewed and understand the Registration/Refund procedure as provided in the seasonal brochure.
- 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.
- It is understood that images of the participant noted on this form may appear in footage on Township cable station and in photographs promoting activities sponsored through the Department of Human Services.
- 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.

Parent/Guardian Signature: _____

Office Use Only: Date: _____ Amount: _____ Check #/Cash: _____ Rec. #: _____ OL: _____