

HOPE TOWNSHIP RECREATION  
**2017-2018 Basketball Registration (Hope Residents Only)**  
459-5011 or 732-610-3229

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ **Grade** as of 9/2017: \_\_\_\_\_

**Parental Information:**

Parent or Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Medical Information:**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any serious medical problems, asthma/allergies \_\_\_\_\_

In the event of an emergency, I hereby give my permission for medical attention to be given to my child.

\_\_\_\_\_  
(Print— Parent/Guardian)

\_\_\_\_\_  
(Signature—Parent/Guardian)

Are you interested in volunteering for any of the following? Coaching ( ) Assistant Coach ( ) Team Parent ( )

**Uniform Information:**

Please check the appropriate size basketball shirt/shorts for your child. Parents are responsible for supplying the remainder of the basketball uniform (socks and sneakers) and black shorts (1<sup>st</sup> and 2<sup>nd</sup> grade only). Please return your child's basketball shirt/uniform no later than one week after the conclusion of the basketball season. **3<sup>rd</sup>-8<sup>th</sup> only** – please mark short size as well!

**Youth: Small** ( ) shirt ( ) shorts **Medium** ( ) shirt ( ) shorts **Large** ( ) shirt ( ) shorts

**Adult: Small** ( ) shirt ( ) shorts **Medium** ( ) shirt ( ) shorts **Large** ( ) shirt ( ) shorts **X-Lg** ( ) shirt ( ) shorts

**Registration Fees:** 1<sup>st</sup> Child **\$60.00** Each Additional Child **\$60.00** 1<sup>st</sup> and 2<sup>nd</sup> Grades **\$30.00** PreK4-K **\$20.00**

Please make checks payable to "Hope Township" (fees are non-refundable) Check # \_\_\_\_\_ Cash \_\_\_\_\_

I give my child/ward named above permission to participate in the Hope Township Basketball Program. I understand that the activity will be supervised and the township DOES NOT INSURE participants with accident insurance and you participate at your OWN RISK. It is understood that this program is a physical activity and various injuries may occur. I also understand it is my responsibility to make sure that the registrant is physically capable of participating in this program and a medical physical by a doctor is recommended. At each home basketball game, a head coach, assistant coach, scorebook keeper, scoreboard keeper, and two security parents are required. I understand that it is my responsibility to perform one of these functions at each and every home basketball game. I verify that the above stated address is the permanent residence of the above named registrant and that all information stated above is, to the best of my knowledge, true and correct. Any intentional falsification of information will result in automatic expulsion of my child/ward from the program and possible prosecution. I agree to abide by all rules, regulations, and policies as set forth by Hope Township and the Warren County Basketball League.

I give permission for my child's picture and/or name to be posted on the Recreation website or published in a newspaper  
Yes ( ) No ( ) Initials ( )

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