



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

2011/12 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 '11.

Instructional: 1st/2nd grade; **Biddy:** 3rd/4th grade; **Junior:** 5th/6th grade; **Senior:** 7th/8th grade. 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. 8th - Oct. 14th (or until maximum capacity is met in each division). If space available, Loch Arbor residents accepted as of 9/21 and all other non-residents accepted as of 10/12.

Fees: \$55.00/resident; \$65.00/non-resident payable to **Township of Ocean**

IF YOU ARE INTERESTED IN WORKING IN THE CAPACITY OF VOLUNTEER COACH/ASSISTANT, PLEASE NOTE THIS ON THE REGISTRATION FORM BELOW. ALL VOLUNTEERS MUST BE IN COMPLIANCE WITH OUR COACHES TRAINING & FINGERPRINTING PROGRAMS. SPECIFIC INFORMATION WILL BE PROVIDED TO VOLUNTEERS.

Recreation Registration Form (Recreation Office, P.O. Box 910, Oakhurst, NJ 07755) or online @ www.oceanhsd.org

I. FAMILY CONTACT INFORMATION:

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

II. PROGRAM NAME: YOUTH BASKETBALL **DIVISION (please circle):** BI GI BB GB BJ GJ BS GS

III. PARTICIPANT INFORMATION:

PARTICIPANT NAME (First/Last): _____ **DOB:** _____ **GENDER:** M F
GRADE (as of Sept. 2011): _____ **HEIGHT:** (ft. & inches): _____
EMERGENCY CONTACT (First/Last): _____ **PHONE:** _____

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.

IV. VOLUNTEER INFO: YES, I WOULD LIKE TO VOLUNTEER (please circle & complete below) 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.

- 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 the Township cable station, the Township website 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.

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

Office Use Only: Date: _____ Amount: _____ Check #/Cash: _____ Family Acct. #: _____