

# North Wildwood Recreation Summer League Basketball Registration Form

Print, Fill-Out, and Mail Completed Form to Recreation Center with Check for \$25.00 made out to:

**North Wildwood Recreation Department**  
**900 Central Avenue**  
**North Wildwood, NJ 08260**

## IMPORTANT PLEASE READ:

As a parent, I understand there are certain inherent risks to my child playing sports, and that participation in organized sports programs may result in serious injury and that protective equipment does not prevent all injuries to players. Therefore, I will not hold the City of North Wildwood, the organizers, sponsors, supervisors, participants and other agents assigned, responsible for injuries incurred by my child that result from the normal course of play. I understand that my child will be issued a team jersey and must wear the issued jersey to participate in games. I also understand that there is not a guarantee that my child will be placed on a team with another requested child.

**YOU WILL BE CONTACTED BY PHONE WITH THE PARTICIPANT'S TEAM ASSIGNMENT. PLEASE ENSURE THAT WE HAVE A WORKING PHONE NUMBER TO REACH YOU.**

ACTIVITY \_\_\_\_\_ SUMMER LEAGUE BASKETBALL \_\_\_\_\_

PARTICIPANTS NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ LOCAL PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GOING INTO GRADE \_\_\_\_\_ MALE / FEMALE

## EMERGENCY CALL INFORMATION (REQUIRED)

SOMEONE OTHER THAN YOURSELF. In the Event of an emergency and I cannot be reached please call:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE \_\_\_\_\_

## FOR OUR MEDICAL RECORDS (REQUIRED)

DISABILITIES \_\_\_\_\_

ALLERGIES \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

OTHER NECESSARY INFO \_\_\_\_\_

GLASSES, CONTACTS, BRACES ETC.? \_\_\_\_\_

NAME OF FAMILY HOSPITALIZATION PLAN \_\_\_\_\_

## EMERGENCY MEDICAL TREATMENT

Parental Written Consent Is Given For:

- Emergency Medical Care
- Transportation by Ambulance in Case Of Emergency

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

**PARENTS:** PLEASE CHECK ONE OR MORE OF THE FOLLOWING POSITIONS, IN WHICH YOU WOULD LIKE TO HELP:

COACH ( ) ASSISTANT COACH ( ) OFFICAL ( ) TEAM PARENT ( )

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## OFFICIAL USE ONLY:

FEE PAID: YES ( ) NO ( ) CASH ( ) CHECK ( ) CHECK NO.: \_\_\_\_\_ STAFF INITIALS \_\_\_\_\_ DATE \_\_\_\_\_