

MABORC Mount Arlington Board of Recreation Commission	Youth Volleyball Registration Pack					
	<input type="checkbox"/> Nukem Clinic (age 6-8)		<input type="checkbox"/> Lower Division (age 9-12)		<input type="checkbox"/> Upper Division (age 13-17)	
	Season		<input checked="" type="checkbox"/> Summer		2017 Season	

PARTICIPANT FIRST NAME (WILL BE USED ON TROPHY/MEDAL)																	
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PARTICIPANT LAST NAME																	
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- **PARENTS ARE REQUIRED TO BE WITH THEIR CHILDREN AT ALL TIMES**
 - **Placement of players in an older or younger age group and/or movement of players between teams at any time is at the discretion of the Volleyball Coordinator(s).**
 - **No child from clinic will be permitted to enter the Nukem Clinic until at least 6 years of age (by 8/15).**
 - **Games and practices are held once a week on a weeknight**
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| Nukem - ages 6-8
Wednesday Nights 6:00-7:00pm | Lower Division - ages 9-11
Wednesday Nights 7:00-8:00pm | Upper Division - ages 12-17
Thursday Nights 6:30-8:00pm |
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- **Program will begin on or around the first week of July and run for 8 weeks. Weather permitting.**

SPECIAL ACCOMODATIONS
Special accommodations are considered but are not guaranteed. Please list for consideration. Times cannot be requested due to the nature of the program with set days/times for each division. See above for days/times.

Does your child play on a team last season?	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>	<i>Coach:</i>
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TEE SHIRT
Players are asked to wear provided shirt for all sessions.

SHIRT SIZE	<input type="checkbox"/> <i>YOUTH EXTRA SMALL (2-4)</i>	<input type="checkbox"/> <i>YOUTH SMALL (6-8)</i>	<input type="checkbox"/> <i>YOUTH MED (10-12)</i>	<input type="checkbox"/> <i>YOUTH LARGE (12-14)</i>
	<input type="checkbox"/> <i>ADULT SMALL</i>	<input type="checkbox"/> <i>ADULT MEDIUM</i>	<input type="checkbox"/> <i>ADULT LARGE</i>	<input type="checkbox"/> <i>ADULT X-LARGE</i>

Registration Fee for all levels - \$20.00 per child
Registration closes June 16th.
Late registrations will be accepted if there is an open spot and an available tee-shirt.
Contact volleyball@maborc.com before signing up late.
If you are registering late, please include registration along with a \$10.00 late fee per family.

FOR MABORC USE ONLY				
Fee <input type="checkbox"/> \$20.00 per child	<input type="checkbox"/> \$10.00 Late Fee Applied	<input type="checkbox"/> Combined Check	<input type="checkbox"/> Parental Agreement	<input type="checkbox"/> Volunteer Form
Received \$	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Checks Payable to: Borough of Mt. Arlington			
Date:	Received By:			

MABORC Mount Arlington Board of Recreation Commission	CONSENT FORM WAIVER RELEASE AND HOLD HARMLESS AGREEMENT Between: The Borough of Mount Arlington, 419 Howard Boulevard, Mount Arlington NJ . and:		2017 Youth Volleyball
<i>Participants Name:</i>		<i>Date of birth:</i>	<i>Age:</i> <input type="checkbox"/> M <input type="checkbox"/> F
<i>Address:</i>		<i>Grade:</i>	<i>School:</i>
<i>Town:</i>	<i>Zip:</i>	<i>Phone:</i>	
<i>Primary Parent/Guardian Name:</i>		<i>Secondary Parent/Guardian Name:</i>	
<i>Primary Cell Phone:</i>		<i>Secondary Cell Phone:</i>	
<i>Primary Email:</i>		<i>Secondary Email:</i>	
<i>Primary Physician:</i>		<i>Physician Phone:</i>	
<p>It is understood and agreed that the participant and/or participant guardian on behalf of the participant:</p> <ul style="list-style-type: none"> ❖ Either is a willing participant or has been given permission by the participant's guardian to participate in recreational activity which may involve travel to and from the activity or other related activities incidental to participation, all of which may result in physical contact or activity in which there are risks of injury inherent in the practice and play of this sport to the participant and is willing to assume and does in fact assume all such risks. In the case of a seasonal recreation activity in which it is anticipated that there shall be multiple events of the same recreational activity, this consent form, waiver, release and hold harmless agreement shall remain in full force and effect throughout the duration of the season. ❖ The participant is fully capable of participating in the recreational activity(ies), is healthy and has no physical and/or mental disabilities or infirmities that would restrict full participation in this recreational activity except as explicitly set forth herein (also include the use of inhaler for asthma or allergy requiring use of epi-pen): This program requires you to stay with your child at all times. Coaches are not permitted to administer medication. ❖ The participant or the participants guardian, where the participant is under the age of 18, hereby agrees on the participant's behalf to save, indemnify hold harmless and defend the Borough of Mount Arlington, and all of its officers, agents, representatives, volunteers and employees of the borough from any and all liability for damages for injury to person and property, including death, and against and from all suits and actions and all costs, damages and changes of whatsoever kind and nature, including attorney's fees to which the borough may be put for or on account of any injury or alleged injury to person, including death, or property, resulting from or occurring in the normal course of participation in the recreation activity and any activities incidental thereto, whether the result of negligence or other cause. ❖ I hereby acknowledge that the participant <input type="checkbox"/> does <input type="checkbox"/> does not have medical insurance and that regardless of same, I will be responsible for any unreimbursed or covered medical fees, costs and expenses, no matter how characterized, associated with the care, treatment and or transportation of the participant. I further hereby indemnify, save, hold harmless and defend the Borough of Mount Arlington, its officers, agents, representatives, volunteers and employees from any claim for any medical fees, costs and expenses, no matter how characterized, associated with the care, treatment and or transportation of the participant, whether in whole or in part. 			
CODE OF CONDUCT – ZERO TOLERANCE			
<p>Please be advised that according to the State of New Jersey, the Mt. Arlington Board of Recreation Commission follows the ZERO TOLERANCE LAW. Any unruly conduct from players, coaches, parents or spectators will not be tolerated. New Jersey Law (Assembly No. 446) states: Any (recreation) sponsored programs must now comply with this law. It can be found at www.njleg.state.nj.us/2002/Bills/A0500/446_R1.HTM</p> <ul style="list-style-type: none"> ❖ This law states: (zero tolerance) any unruly players, coaches, parents or spectators that get out of control at a game or practice will be ejected immediately and cannot return until they attend an anger management course. A report will be filed with all local police departments, and any town a league sport is involved with. Please sign below that you have read and understand the above policy. 			
PARENTAL/GUARDIAN RESPONSIBILITY AGREEMENT			
<ul style="list-style-type: none"> ❖ I shall be responsible for ensuring my child is familiar with and shall follow rules of the sport/activity. ❖ If required I agree to volunteer and support the activity to ensure the safety and stability of the program. ❖ I understand that the email I provide will be used by the Mt. Arlington Board of Recreation Commission Sports Coordinators and Members to communicate recreation events and information related to the activity/sport my child is participating in. ❖ Mount Arlington Recreation sports, events and activities may be photographed and/or videotaped for educational and publicity purposes (website, newsletters, announcements, news articles). By attending/participating in any of these sports, events and activities you are authorizing Mount Arlington Recreation to utilize photos and or video for such uses. Photos or videos will not include names or personal information about any individual, unless prior permission is granted. ❖ As the parent or guardian of the participant I hereby authorize the medical treatment by a qualified and licensed individual such as a medical doctor or emergency technician in the event of a medical emergency which, in the opinion of the attending physician/technician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This release also permits the transportation of my child by ambulance to a medical facility/hospital for treatment. I agree that I will be responsible for all cost and fees incurred relating to medical treatment for my child. This release is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence. ❖ This program requires you to stay with your child at all times. At any time you may need to remove your child for any reason (ex. Leaving early, bathroom etc.) one of the coaches must be made aware that you are doing so. 			
SIGNATURE			
<i>I agree to the above conditions so my child can participate in the Mt. Arlington Youth Volleyball Program.</i>			
<i>Parent/Guardian Signature:</i>		<i>Date:</i>	

YOUTH VOLLEYBALL COACHING VOLUNTEER FORM

CHILDREN

<i>Child Name:</i>	<i>Age:</i>	<i>Child Name:</i>	<i>Age:</i>
<i>Child Name:</i>	<i>Age:</i>	<i>Child Name:</i>	<i>Age:</i>

PARENT/GUARDIAN INFORMATION

<i>Name:</i>		<i>Name:</i>	
<i>Relationship:</i> <input type="checkbox"/> <i>Mother</i> <input type="checkbox"/> <i>Father</i> <input type="checkbox"/> <i>Other:</i>		<i>Relationship:</i> <input type="checkbox"/> <i>Mother</i> <input type="checkbox"/> <i>Father</i> <input type="checkbox"/> <i>Other:</i>	
<i>Phone:</i>	<i>Cell:</i>	<i>Phone:</i>	<i>Cell:</i>
<i>E-mail:</i>		<i>E-mail:</i>	

COACHING

<input type="checkbox"/> <i>Head Coach</i>	<input type="checkbox"/> <i>Assistant Coach</i>	<input type="checkbox"/> <i>New Coach w/little experience</i>	<input type="checkbox"/> <i>Head Coach</i>	<input type="checkbox"/> <i>Assistant Coach</i>	<input type="checkbox"/> <i>New Coach w/little experience</i>
<input type="checkbox"/> <i>Nukem</i>	<i>Child:</i>	<i>Child:</i>	<input type="checkbox"/> <i>Nukem</i>	<i>Child:</i>	<i>Child:</i>
<input type="checkbox"/> <i>Upper Division</i>	<i>Child:</i>	<i>Child:</i>	<input type="checkbox"/> <i>Upper Division</i>	<i>Child:</i>	<i>Child:</i>
<input type="checkbox"/> <i>Lower Division</i>	<i>Child:</i>	<i>Child:</i>	<input type="checkbox"/> <i>Lower Division</i>	<i>Child:</i>	<i>Child:</i>
Shirt Size <input type="checkbox"/> <i>Small</i> <input type="checkbox"/> <i>Med</i> <input type="checkbox"/> <i>Large</i> <input type="checkbox"/> <i>XL</i> <input type="checkbox"/> <i>2XL</i> <input type="checkbox"/> <i>3XL</i>	Shirt Size <input type="checkbox"/> <i>Small</i> <input type="checkbox"/> <i>Med</i> <input type="checkbox"/> <i>Large</i> <input type="checkbox"/> <i>XL</i> <input type="checkbox"/> <i>2XL</i> <input type="checkbox"/> <i>3XL</i>				

COACH REQUIREMENTS

Requirement	Has	Needs	Requirement	Has	Needs
<i>Rutgers S.A.F.E.T.Y Course</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Rutgers S.A.F.E.T.Y Course</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Digital Fingerprints (every 3 years)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Digital Fingerprints (every 3 years)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Concussion Training (Online Course)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Concussion Training (Online Course)</i>	<input type="checkbox"/>	<input type="checkbox"/>

COACH AVAILABILITY

Upper Division - ages 12-17

Thursday Nights 6:30-8:00 pm

Lower Division - ages 9-11

Wednesday Nights 7:00-8:00 pm

Nukem - ages 6-8

Wednesday Nights 6:00-7:00 pm