

MABORC Mount Arlington Board of Recreation Commission	<h2 style="margin:0;">Youth Winter Basketball Registration Pack</h2>	<input type="checkbox"/> League \$45.00 per child (Grades 1-8)	<b>Winter 2017/18  Season</b>
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**PARTICIPANT FIRST NAME (WILL BE USED ON TROPHY/MEDAL)**

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**PARTICIPANT LAST NAME**

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**A waiting list is in place for players in Grades 5-8<sup>th</sup>. Please see our website [www.MABORC.com](http://www.MABORC.com) to include your child on the waiting list. Please do not register for these grades until you have been notified that teams are available.**

- Placement of players and/or movement of players between teams at any time is at the discretion of the Basketball Coordinator. No child from clinic will be permitted to enter the league until they are in 1st grade or enter clinic until age 5 as of 01/01/17.
- League players will be provided uniforms. Children must wear sneakers.
- Clinic players will receive a Jersey. Children may wear shorts or athletic pants and must wear sneakers.
- League runs weeknight evenings, January through March.
- Clinic will be held on 1 weeknight TBA.

**SPECIAL ACCOMODATIONS**  
Special accommodations are considered but are not guaranteed. Please list for consideration.

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<b>Does your child play on a team last season?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Coach:
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**LEAGUE UNIFORM (GRADES 1-8 ONLY)**

<b>SHIRT SIZE</b>	<input type="checkbox"/> YOUTH SMALL	<input type="checkbox"/> YOUTH MED	<input type="checkbox"/> YOUTH LARGE	<input type="checkbox"/> ADULT SMALL	<input type="checkbox"/> ADULT MED	<input type="checkbox"/> ADULT LARGE	<input type="checkbox"/> ADULT XLARGE
<b>SHORT SIZE</b>	<input type="checkbox"/> YOUTH SMALL	<input type="checkbox"/> YOUTH MED	<input type="checkbox"/> YOUTH LARGE	<input type="checkbox"/> ADULT SMALL	<input type="checkbox"/> ADULT MED	<input type="checkbox"/> ADULT LARGE	<input type="checkbox"/> ADULT XLARGE

**To Register:**

**Mail:** MABORC 419 Howard Boulevard, Mount Arlington NJ 07856  
**Drop Off:** Mon – Fri 7:30am-3:00pm (excluding holidays) in the recreation mailbox found inside the Recreation Department lobby located on Altenbrand Ave in the Mount Arlington DPW building by Fireman’s Field/Recycling Center.

Checks Payable to: **Borough of Mt. Arlington**

Late Fee: \$10.00 per family

**FOR MABORC USE ONLY**

<b>Fee</b> <b>\$45.00 League</b>	<input type="checkbox"/> Consent Form Waiver Attached	<input type="checkbox"/> Volunteer Form
	<input type="checkbox"/> \$10.00 Late Fee Applied	<input type="checkbox"/> Combined Check
Received \$	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____    Checks Payable to: <b>Borough of Mt. Arlington</b>	
Date:	Received By:	

<b>MABORC</b> Mount Arlington Board of Recreation Commission		<b>CONSENT FORM WAIVER</b> <b>RELEASE AND HOLD HARMLESS AGREEMENT</b> Between: The Borough of Mount Arlington, 419 Howard Boulevard, Mount Arlington NJ and:			<b>Winter 2017/18</b> <b>Season</b> Youth Basketball	
<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>			
<b>It is understood and agreed that the participant and/or participant guardian on behalf of the participant:</b>						
<ul style="list-style-type: none"> <li>❖ 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.</li> <li>❖ 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 <b>except as explicitly set forth herein</b> (also include the use of inhaler for asthma or allergy requiring use of epi-pen): <b>This program requires you to stay with your child at all times. Coaches are not permitted to administer medication.</b></li> <li>❖ 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.</li> <li>❖ I hereby acknowledge that the participant <input type="checkbox"/> <b>does</b> <input type="checkbox"/> <b>does not</b> 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.</li> </ul>						
<b>CODE OF CONDUCT – ZERO TOLERANCE</b>						
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 <a href="http://www.njleg.state.nj.us/2002/Bills/A0500/446_R1.HTM">www.njleg.state.nj.us/2002/Bills/A0500/446_R1.HTM</a>						
<b>PARENTAL/GUARDIAN RESPONSIBILITY AGREEMENT</b>						
<ul style="list-style-type: none"> <li>❖ I shall be responsible for ensuring my child is familiar with and shall follow rules of the sport/activity.</li> <li>❖ If required I agree to volunteer and support the activity to ensure the safety and stability of the program.</li> <li>❖ 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.</li> <li>❖ 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.</li> <li>❖ 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.</li> <li>❖ I will visually verify the coach(es) are present when I bring my child to practice or a game before I leave the premises. Unless the program requires you to stay to supervise your child.</li> <li>❖ I understand that if I am not there to pick up my child from practices/games that the coach will contact your numbers provided, and if by 15 minutes no contact has been made, the local police department may be contacted. If I am continually late in picking up my child, I understand that my child may be removed from the team roster.</li> </ul>						
<b>SIGNATURE</b>						
<b>I agree to the above conditions so my child can participate in the Mt. Arlington Recreation Basketball Program.</b> This release is granted for the period from <u>12/01/2017</u> to <u>04/01/2018</u>						
<i>Parent/Guardian Signature:</i>					<i>Date:</i>	

## YOUTH BASKETBALL 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>	

#### SIGN ME UP!

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<input type="checkbox"/> <i>Team Parent</i>	<input type="checkbox"/> <i>Trophies (order, organize &amp; disburse)</i>	<input type="checkbox"/> <i>Uniform Coordinator</i>	<input type="checkbox"/> <i>Team Parent</i>	<input type="checkbox"/> <i>Trophies (order, organize &amp; disburse)</i>	<input type="checkbox"/> <i>Uniform Coordinator</i>
<input type="checkbox"/> <i>Organize photographer (team shots)</i>	<input type="checkbox"/> <i>Referee</i>	<input type="checkbox"/> <i>Scorekeeper</i>	<input type="checkbox"/> <i>Organize photographer (team shots)</i>	<input type="checkbox"/> <i>Referee</i>	<input type="checkbox"/> <i>Scorekeeper</i>
<input type="checkbox"/> <i>Party Helper Setup/Cleanup</i>	<input type="checkbox"/> <i>I would like to sponsor a team</i>	<input type="checkbox"/> <i>Basketball Shoot Out Helper</i>	<input type="checkbox"/> <i>Party Helper Setup/Cleanup</i>	<input type="checkbox"/> <i>I would like to sponsor a team</i>	<input type="checkbox"/> <i>Basketball Shoot Out Helper</i>
<input type="checkbox"/> <i>Registration Sign-ups for next season</i>	<input type="checkbox"/> <i>Contact me for all volunteer needs.</i>		<input type="checkbox"/> <i>Registration Sign-ups for next season</i>	<input type="checkbox"/> <i>Contact me for all volunteer needs.</i>	

### COACHING

If you are interested in coaching and are in need of any requirement listed below please visit our website under "Sign up to Coach!" for more info.

<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>Clinic</i>	<i>Child:</i>	<i>Child:</i>	<input type="checkbox"/> <i>Clinic</i>	<i>Child:</i>	<i>Child:</i>	
<input type="checkbox"/> <i>League</i>	<i>Child:</i>	<i>Child:</i>	<input type="checkbox"/> <i>League</i>	<i>Child:</i>	<i>Child:</i>	
<b>Shirt Size</b>	<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</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Concussion Training</i>	<input type="checkbox"/>	<input type="checkbox"/>

### AVAILABILITY

Day	Available	Available Times/Comments	Day	Available	Available Times/Comments
<b>Monday</b>	<input type="checkbox"/>		<b>Monday</b>	<input type="checkbox"/>	
<b>Tuesday</b>	<input type="checkbox"/>		<b>Tuesday</b>	<input type="checkbox"/>	
<b>Wednesday</b>	<input type="checkbox"/>		<b>Wednesday</b>	<input type="checkbox"/>	
<b>Thursday</b>	<input type="checkbox"/>		<b>Thursday</b>	<input type="checkbox"/>	
<b>Friday</b>	<input type="checkbox"/>		<b>Friday</b>	<input type="checkbox"/>	