

Bernardsville Recreation Basketball 2019

K-1st Grade

Bernardsville Recreation is offering Recreation Basketball for boys and girls in grades K- 1st. This program's emphasis is to learn the fundamentals of basketball and have fun! The participants will meet once a week to learn basic skills and rules of the game. ***For a fun and effective program, coaches are needed.***

When: 1/5, 1/12, 1/19, 1/26, 2/2, 2/9, and 2/23 (No program on 2/16)

Where: Bedwell Elementary School

Time: 9:00am- 10:00am

Fee: \$70.00 Residents, \$90.00 Non- Residents

All requests for refunds must be submitted in writing to Bernardsville Recreation seven (7) business days prior to the start of the program or trip. Programs refunds are \$15.00 or 15% of the program fee (whichever is greater)

PLEASE COMPLETE BOTH SIDES OF FORM - ALL FIELDS ARE MANDATORY

(You may also register on line at: <https://register.communitypass.net/Bernardsville>)

Participant's Name: _____

Parent's Name: _____

Street: _____ **Town:** _____ **Zip:** _____

Phone #: _____ **Phone #:** _____

Email: _____ **Age:** ____ **Grade:** ____

Any parent that would like to coach, please complete the following: All coaches must be Rutgers Certified:

Coach Name: _____ **Phone #:** _____

Email: _____

I voluntarily agree to participate in the described activity conducted or sponsored by the Bernardsville Recreation Department. I understand that this activity involves a risk of injury and I hereby assume the risk of injury, disability or damages which may occur while I am participating in this activity. To the extent permitted by law, I release and discharge the Borough of Bernardsville and its officials, officers, employees and agents from any liability claims or damages arising out of my participation in this activity. I give permission to the Borough to obtain emergency medical treatment for my child and I understand that I will be responsible for all costs of such treatment. Finally, I release the Borough from any claim whatsoever on account of first aid and other medical treatment rendered to me. Following is my medical insurance information:

Insurance Company: _____ **ID #:** _____

Participant's Signature: _____

EMERGENCY MEDICAL INFORMATION

PLEASE COMPLETE BOTH SIDES OF THIS FORM - ALL FIELDS ARE MANDATORY

Name of Participant: _____ DOB: _____

Emergency Contact: _____ Emergency #: _____

Physician: _____ Physician's #: _____

Allergies (include allergies to medications and insects) _____

Physical Disorders: _____

If participant is currently taking medications, please list: _____

List any limits to participant's physical activity: _____

EMERGENCY TREATMENT PERMISSION:

Dear Parents:

Most doctors and hospitals need written permission from parents in order to give treatment to a child. We will attempt to contact you if any type of medical attention is needed. However, in the event treatment is necessary and we are unable to contact you, your signature below will authorize the doctor to give treatment. Please supply a health certificate if your child is participating in any physical activity.

TO ANY DOCTOR OR HOSPITAL:

Authorization is given to perform any necessary emergency treatment on my child, whose medical history is listed above.

Signature of Parent

Date

If you have any concerns regarding activities for your child, OR your child has any disability in accordance with the ADA, please notify Recreation within six weeks prior to the program to ensure responsible accommodations.

Yes, I will contact Recreation _____

No, I do not have concerns _____

Bernardsville Recreation Basketball 2019

2nd Grade

Bernardsville Recreation is offering Recreation Basketball for boys and girls in 2nd grade. This program's emphasis is to learn the fundamentals of basketball and have fun! The participants will meet once a week to learn basic skills and rules of the game. ***For a fun and effective program, coaches are needed.***

When: 1/5, 1/12, 1/19, 1/26, 2/2, 2/9, and 2/23 (No program on 2/16)

Where: Bernardsville Middle School

Time: 9:00am- 10:00am

Fee: \$70.00 Residents, \$90.00 Non- Residents

All requests for refunds must be submitted in writing to Bernardsville Recreation seven (7) business days prior to the start of the program or trip. Programs refunds are \$15.00 or 15% of the program fee (whichever is greater)

PLEASE COMPLETE BOTH SIDES OF FORM - ALL FIELDS ARE MANDATORY

(You may also register on line at: <https://register.communitypass.net/Bernardsville>)

Participant's Name: _____

Parent's Name: _____

Street: _____ **Town:** _____ **Zip:** _____

Phone #: _____ **Phone #:** _____

Email: _____ **Age:** ____ **Grade:** ____

Any parent that would like to coach, please complete the following: All coaches must be Rutgers Certified:

Coach Name: _____ **Phone #:** _____

Email: _____

I voluntarily agree to participate in the described activity conducted or sponsored by the Bernardsville Recreation Department. I understand that this activity involves a risk of injury and I hereby assume the risk of injury, disability or damages which may occur while I am participating in this activity. To the extent permitted by law, I release and discharge the Borough of Bernardsville and its officials, officers, employees and agents from any liability claims or damages arising out of my participation in this activity. I give permission to the Borough to obtain emergency medical treatment for my child and I understand that I will be responsible for all costs of such treatment. Finally, I release the Borough from any claim whatsoever on account of first aid and other medical treatment rendered to me. Following is my medical insurance information:

Insurance Company: _____ **ID #:** _____

Participant's Signature: _____

EMERGENCY MEDICAL INFORMATION

PLEASE COMPLETE BOTH SIDES OF THIS FORM - ALL FIELDS ARE MANDATORY

Name of Participant: _____ DOB: _____

Emergency Contact: _____ Emergency #: _____

Physician: _____ Physician's #: _____

Allergies (include allergies to medications and insects) _____

Physical Disorders: _____

If participant is currently taking medications, please list: _____

List any limits to participant's physical activity: _____

EMERGENCY TREATMENT PERMISSION:

Dear Parents:

Most doctors and hospitals need written permission from parents in order to give treatment to a child. We will attempt to contact you if any type of medical attention is needed. However, in the event treatment is necessary and we are unable to contact you, your signature below will authorize the doctor to give treatment. Please supply a health certificate if your child is participating in any physical activity.

TO ANY DOCTOR OR HOSPITAL:

Authorization is given to perform any necessary emergency treatment on my child, whose medical history is listed above.

Signature of Parent

Date

If you have any concerns regarding activities for your child, OR your child has any disability in accordance with the ADA, please notify Recreation within six weeks prior to the program to ensure responsible accommodations.

Yes, I will contact Recreation _____

No, I do not have concerns _____

Bernardsville Recreation Basketball 2019

3rd & 4th Grade

Bernardsville Recreation is offering Recreation Basketball for boys and girls in 3rd & 4th grade. Participants will be placed on teams and receive team t-shirts and play games against each other weekly. ***For a fun and effective program, coaches are needed.*** Participants will meet on Wednesdays (TBD) and Saturdays.

Please visit our Recreation Basketball website for team schedules, standings and more information at:

www.bernardsvillerecreationbasketball.weebly.com

3rd & 4th Grade Boys

When: Saturdays- 1/5, 1/12, 1/19, 1/26, 2/2, 2/9, and 2/23 (No program on 2/16)

Wednesdays (schedule to be announced)

Where: TBA

Time: 10:00am- 11:00am

Skills Assessment: Bernardsville Middle School, November 28th, 7:30pm- 8:00pm

***Early Registration Fee (Before 12/1):** \$90.00 Residents, \$110.00 Non- Residents*

***Late Registration Fee (After 12/1):** \$130.00 Residents, \$150.00 Non- Residents*

Family Day: TBD

3rd & 4th Grade Girls

When: Saturdays- 1/5, 1/12, 1/19, 1/26, 2/2, 2/9, and 2/23 (No program on 2/16)

Wednesdays (schedule to be announced)

Where: TBA

Time: 10:00am- 11:00am

Skills Assessment: Bernardsville Middle School, November 28th, 7:30pm- 8:00pm

***Early Registration Fee (Before 12/1):** \$90.00 Residents, \$110.00 Non- Residents*

***Late Registration Fee (After 12/1):** \$130.00 Residents, \$150.00 Non- Residents*

Family Day: TBD

All requests for refunds must be submitted in writing to Bernardsville Recreation seven (7) business days prior to the start of the program or trip. Programs refunds are \$15.00 or 15% of the program fee (whichever is greater)

PLEASE COMPLETE BOTH SIDES OF FORM - ALL FIELDS ARE MANDATORY

(You may also register on line at: <https://register.communitypass.net/Bernardsville>)

Participant's Name: _____

Parent's Name: _____

Street: _____ Town: _____ Zip: _____

Phone #: _____ Phone #: _____

Email: _____ Age: ___ Grade: ___ Uniform Size: YS YM YL AS AM AL

Any parent that would like to coach, please complete the following: All coaches must be Rutgers Certified:

Coach Name: _____ Phone #: _____

Email: _____

I voluntarily agree to participate in the described activity conducted or sponsored by the Bernardsville Recreation Department. I understand that this activity involves a risk of injury and I hereby assume the risk of injury, disability or damages which may occur while I am participating in this activity. To the extent permitted by law, I release and discharge the Borough of Bernardsville and it's officials, officers, employees and agents from any liability claims or damages arising out of my participation in this activity. I give permission to the Borough to obtain emergency medical treatment for my child and I understand that I will be responsible for all costs of such treatment. Finally, I release the Borough from any claim whatsoever on account of first aid and other medical treatment rendered to me. Following is my medical insurance information:

Insurance Company: _____ ID #: _____

Participant's Signature: _____

EMERGENCY MEDICAL INFORMATION

PLEASE COMPLETE BOTH SIDES OF THIS FORM - ALL FIELDS ARE MANDATORY

Name of Participant: _____ DOB: _____

Emergency Contact: _____ Emergency #: _____

Physician: _____ Physician's #: _____

Allergies (include allergies to medications and insects) _____

Physical Disorders: _____

If participant is currently taking medications, please list: _____

List any limits to participant's physical activity: _____

EMERGENCY TREATMENT PERMISSION:

Dear Parents:

Most doctors and hospitals need written permission from parents in order to give treatment to a child. We will attempt to contact you if any type of medical attention is needed. However, in the event treatment is necessary and we are unable to contact you, your signature below will authorize the doctor to give treatment. Please supply a health certificate if your child is participating in any physical activity.

TO ANY DOCTOR OR HOSPITAL:

Authorization is given to perform any necessary emergency treatment on my child, whose medical history is listed above.

Signature of Parent

Date

If you have any concerns regarding activities for your child, OR your child has any disability in accordance with the ADA, please notify Recreation within six weeks prior to the program to ensure responsible accommodations.

Yes, I will contact Recreation _____

No, I do not have concerns _____

Bernardsville Recreation Basketball 2019

5th - 8th Grade

Bernardsville Recreation is offering Recreation Basketball for boys and girls in 5th to 8th grade. Participants will be placed on teams and receive team t-shirts and play games against each other weekly. ***For a fun and effective program, coaches are needed.*** Participants will meet on Wednesdays (TBD) and Saturdays.

Please visit our Recreation Basketball website for team schedules, standings and more information at:

www.bernardsvillerecreationbasketball.weebly.com

5th - 8th Grade Boys

When: Saturdays- 1/5, 1/12, 1/19, 1/26, 2/2, 2/9, and 2/23 (No program on 2/16)

Wednesdays (schedule to be announced)

Where: Bernardsville Middle School

Time: 11:00am- 12:00pm

Skills Assessment: Bernardsville Middle School, November 28th, 8:00pm- 8:30pm

***Early Registration Fee (Before 12/1):** \$115.00 Residents, \$135.00 Non- Residents*

***Late Registration Fee (After 12/1):** \$155.00 Residents, \$175.00 Non- Residents*

Family Day: TBD

5th - 8th Grade Girls

When: Saturdays- 1/5, 1/12, 1/19, 1/26, 2/2, 2/9, and 2/23 (No program on 2/16)

Wednesdays (schedule to be announced)

Where: Bedwell Elementary School

Time: 11:00am- 12:00pm

Skills Assessment: Bernardsville Middle School, November 28th, 8:00pm- 8:30pm

***Early Registration Fee (Before 12/1):** \$115.00 Residents, \$135.00 Non- Residents*

***Late Registration Fee (After 12/1):** \$155.00 Residents, \$175.00 Non- Residents*

Family Day: TBD

All requests for refunds must be submitted in writing to Bernardsville Recreation seven (7) business days prior to the start of the program or trip. Programs refunds are \$15.00 or 15% of the program fee (whichever is greater)

PLEASE COMPLETE BOTH SIDES OF FORM - ALL FIELDS ARE MANDATORY

(You may also register on line at: <https://register.communitypass.net/Bernardsville>)

Participant's Name: _____

Parent's Name: _____

Street: _____ Town: _____ Zip: _____

Phone #: _____ Phone #: _____

Email: _____ Age: ___ Grade: ___ Uniform Size: YS YM YL AS AM AL

Any parent that would like to coach, please complete the following: All coaches must be Rutgers Certified:

Coach Name: _____ Phone #: _____

Email: _____

I voluntarily agree to participate in the described activity conducted or sponsored by the Bernardsville Recreation Department. I understand that this activity involves a risk of injury and I hereby assume the risk of injury, disability or damages which may occur while I am participating in this activity. To the extent permitted by law, I release and discharge the Borough of Bernardsville and it's officials, officers, employees and agents from any liability claims or damages arising out of my participation in this activity. I give permission to the Borough to obtain emergency medical treatment for my child and I understand that I will be responsible for all costs of such treatment. Finally, I release the Borough from any claim whatsoever on account of first aid and other medical treatment rendered to me. Following is my medical insurance information:

Insurance Company: _____ ID #: _____

Participant's Signature: _____

EMERGENCY MEDICAL INFORMATION

PLEASE COMPLETE BOTH SIDES OF THIS FORM - ALL FIELDS ARE MANDATORY

Name of Participant: _____ DOB: _____

Emergency Contact: _____ Emergency #: _____

Physician: _____ Physician's #: _____

Allergies (include allergies to medications and insects) _____

Physical Disorders: _____

If participant is currently taking medications, please list: _____

List any limits to participant's physical activity: _____

EMERGENCY TREATMENT PERMISSION:

Dear Parents:

Most doctors and hospitals need written permission from parents in order to give treatment to a child. We will attempt to contact you if any type of medical attention is needed. However, in the event treatment is necessary and we are unable to contact you, your signature below will authorize the doctor to give treatment. Please supply a health certificate if your child is participating in any physical activity.

TO ANY DOCTOR OR HOSPITAL:

Authorization is given to perform any necessary emergency treatment on my child, whose medical history is listed above.

Signature of Parent

Date

If you have any concerns regarding activities for your child, OR your child has any disability in accordance with the ADA, please notify Recreation within six weeks prior to the program to ensure responsible accommodations.

Yes, I will contact Recreation _____

No, I do not have concerns _____