



# Clinton Community Youth Basketball League

Basketball for the children of the Town of Clinton and the Boro of Glen Gardner

A Member of the North Hunterdon Basketball League



## 2009/2010 Season

### REGISTRATION FORM for ALL GRADES

**RETURN FORM TO CPS MAIN OFFICE BY WEDNESDAY NOV 4th, 2009!**

Evaluations for Grades 3-8: SATURDAY NOVEMBER 14th IN CPS GYM

CHECK WEBSITE FOR TRYOUT TIMES FOR YOUR CHILD'S GRADE AND OTHER INFO

<http://www.northhunterdonbasketball.com/>

**Registration FEES:** \$80 per Child GRADES 3-8 \$70 per Child for GRADES 1-2

Make checks payable to: **Clinton Basketball League** *Note: This fee is non-refundable.*

**Volunteer Activities:** (check all that apply) Please be active in the Program!

\*Coach: \_\_\_\_\_ \*Asst. Coach: \_\_\_\_\_ Referee: \_\_\_\_\_ Score Keeper: \_\_\_\_\_

\*Rutgers S.A.F.E.T.Y. Training Required. Have you been certified? Yes \_\_\_ No \_\_\_

Referee: I have a child in 8<sup>th</sup> Grade that would be interested in becoming a Ref for Grade ¾ Games: Yes \_\_\_

### PLAYER INFORMATION:

LAST NAME: \_\_\_\_\_ FIRST NAME \_\_\_\_\_

Circle BOY or GIRL DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE: \_\_\_\_\_

HEIGHT: \_\_\_\_ FT \_\_\_\_ IN. WEIGHT \_\_\_\_\_ LBS

**REQUIRED - PLEASE INDICATE CHILD Shirt Size: Youth S M L or Adult S M L XL**

STREET ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ (IMPORTANT for LEAGUE COMMUNICATIONS)

### Emergency Contact Information:

Mother: \_\_\_\_\_ Home Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Father: \_\_\_\_\_ Home Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Alternate: \_\_\_\_\_ Home Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy No: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone No: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone No: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Medical allergies, chronic illnesses, or other medical conditions: (List all that apply; Use back of form if needed)

\_\_\_\_\_  
\_\_\_\_\_

### Medical Treatment Authorization:

*As a parent and/or guardian of \_\_\_\_\_, a minor, I hereby authorize the treatment by a qualified and licensed doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release is completed and signed of my own free will for the sole purpose of authorizing treatment under emergency circumstances in my absence.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_